

FULL NAME OF DECEASED _____ **(MAIDEN)** _____

1. PLACE OF DEATH, STATE _____ **COUNTY** _____ **CITY OR PRECINCT NO** _____

_____ **IN CITY LIMITS** YES _____ NO _____

2. DATE OF DEATH _____ **(GIVE STREET NUMBER OF NAME OF INSTITUTION** _____ **(HOUR** _____ **M) 20** _____

3. SEX _____ **4. COLOR OR RACE** _____

5. SINGLE MARRIED, WIDOWED OR DIVORCED (WRITE IN THE WORD) _____ **EDUCATION HIGHEST GRADE ATTENDED** _____

6. DATE OF BIRTH _____ **7. BIRTHPLACE (CITY & STATE)** _____

8. AGE _____ **YEARS** _____ **MONTHS** _____ **IF LESS THAN 1 DAY: HOURS** _____ **MINUTES** _____

SOCIAL SECURITY NUMBER _____ **U.S. ARMED SERVICES: YES** _____ **NO** _____

RESIDENCE OF DECEASED:

STREET & NUMBER _____ **CITY** _____ **COUNTY** _____

STATE _____ **ZIP** _____ **LENGTH OF RESIDENCE** _____

OCCUPATION:

9. A. TRADE, PROFESSION OR KIND OF WORK DONE _____

B. INDUSTRY OR BUSINESS IN WHICH ENGAGED _____

PARENTS:

10. FATHER'S NAME _____ **AGE** _____

11. MOTHER'S MAIDEN NAME _____ **AGE** _____

INFORMANT: _____ **INFORMANT S.S.#** _____

12. SIGNATURE _____ **ADDRESS** _____

M.D. OR COR.LAST IN ATTENDANCE _____ **ADDRESS** _____

DISPOSITION:

DATE OF FUNERAL _____ **HOUR** _____

PLACE _____

MINISTER(S) CONDUCTING _____

13. PLACE OF BURIAL, CREMATION, OR REMOVAL _____

DATE _____, **20** _____

FAMILY WILL BE AT _____ **PHONE** _____

_____ **PHONE** _____

CASKET WILL / WILL NOT BE OPENED FOLLOWING THE SERVICE ?

WHERE _____

MEMORIALS OR CHARITIES _____

DEATH CERTIFICATES _____ **VISITATION** _____ **#FAMILY** _____

SURVIVORS: WIFE OR HUSBAND _____ AGE _____
CHILDREN _____ ADDRESS _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

PARENTS _____ ADDRESS _____

GRANDPARENTS _____ ADDRESS _____

ADDRESS _____

SISTERS _____ ADDRESS _____

ADDRESS _____

BROTHERS _____ ADDRESS _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

NUMBER OF GRANDCHILDREN _____ NUMBER OF GREAT GRANDCHILDREN _____

NUMBER OF GREAT GREAT GRANDCHILDREN _____

IF DECEASED RENDERED MILITARY SERVICE:

(1) RANK & ORGANIZATION _____ SERIAL NO. _____

(2) DATE & PLACE INDUCTED _____

(3) DATE & PLACE DISCHARGED _____

WAS DECEASED EVER A PEACE OFFICER IN THIS STATE: YES _____ NO _____

NAME OF PALLBEARERS:	PHONE OR ADDRESS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

DATE OF MARRIAGE, TO WHOM, AND WHERE _____

ITEMIZE JEWELRY _____

LODGES AND ORDERS _____

CHURCH MEMBERSHIP _____ HOW LONG A MEMBER _____

CEMETARY LOTS _____ INSURANCE _____

SPECIAL REQUEST/BACKGROUND INFORMATION _____

ANNOUNCEMENTS NEWSPAPERS _____ RADIO _____

CLOTHING _____ HAIRDRESSER _____

SINGERS _____

ORGANIST/PIANIST _____

MUSIC & SPECIAL SELECTIONS _____

