



Name _____ City Limits – Yes ___ No ___
Home Address _____ City _____ State _____ Zip _____
County _____ Length of Residence _____ Former Residence _____
Date of Birth _____ Age _____ Place of Birth _____
Marital Status _____ Education in years _____
Social Security _____ Veteran _____ Branch of Service _____
Occupation _____ Employer _____
Spouse (wife's maiden name) _____ Deceased Yes ___ No ___
Father _____ Mother (maiden) _____
Church Affiliations _____
Organizations _____

Memorials may be made to _____
Place of Service _____ Date _____ Time _____
Clergyman _____ Assisting Clergyman _____
Total number of Death Certificates Needed _____
Preceded in Death by _____

Survivors: _____ (City and State of Residence)
Spouse _____ of _____
Mother _____ of _____
Father _____ of _____
Grandparents _____ of _____
_____ of _____
_____ of _____
_____ of _____
Sons _____ of _____
_____ of _____
_____ of _____
_____ of _____

Daughters _____ of _____
_____ of _____
_____ of _____
_____ of _____
Sisters _____ of _____
_____ of _____
_____ of _____
Brothers _____ of _____
_____ of _____
_____ of _____
Grandchildren (number) _____ Great Grandchildren (number) _____
Other relatives _____ of _____
_____ of _____

Active Pallbearers

Honorary Pallbearers

Thank you for taking the time to complete this helpful information.