



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.