

Phone _____

Family Time _____

Full Name of Deceased _____ Age _____

Address _____ Sex _____ Color _____

Birthplace _____ Birthdate _____

Place of Death _____ Date _____ Time _____

Sudden, Brief or Long Illness _____ Doctor _____

How Long Resident at Present Address _____ Place of Death _____

Military Service _____ What War _____

S. S. Number _____ Occupation _____

Church _____ Where _____

Organizations _____

Marital Status _____ Name of Mate _____
(Wife's Maiden Name)

Father _____ Born _____ Address _____

Mother _____ Born _____ Address _____
(Maiden Name)

Date of Service _____ Time _____

Place of Service _____ Address _____

Clergyman _____ Address _____

Take to _____ Date & Time _____

Cemetery _____ Location _____

Callers After _____ At _____

Viewing Before or After _____ Close Casket Before or After Family Enters _____

Survivors _____

Folders _____ No. _____ To Printer _____

Music, Any Requests _____