

# Information Sheet

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Veteran \_\_\_\_\_ S.S. # \_\_\_\_\_

Place of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Surviving Spouse \_\_\_\_\_ Years of Education \_\_\_\_\_

Place of Death ( hospital, ER, nursing home, residence, other) \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_

City \_\_\_\_\_ County of Death \_\_\_\_\_ City Y/N \_\_\_\_\_

Occupation \_\_\_\_\_ Business/Industry \_\_\_\_\_

Residence (address) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City Y/N \_\_\_\_\_

Hispanic Origin Y/N (specify if yes) \_\_\_\_\_ Race \_\_\_\_\_

Fathers Name \_\_\_\_\_

Mothers Name \_\_\_\_\_

Informant \_\_\_\_\_ Mailing Address \_\_\_\_\_

Phone #'s \_\_\_\_\_ Email \_\_\_\_\_

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Name and Address of Physician \_\_\_\_\_

\_\_\_\_\_ TOD \_\_\_\_\_

Method of Disposition \_\_\_\_\_ Place of Disposition \_\_\_\_\_

\_\_\_\_\_ Location \_\_\_\_\_

# Obituary Notes

Name As It Should Appear In Obit \_\_\_\_\_

Age \_\_\_\_\_ Died \_\_\_\_\_ At \_\_\_\_\_

\_\_\_\_\_

Funeral Memorial (Other) \_\_\_\_\_ Service From \_\_\_\_\_

\_\_\_\_\_ Time \_\_\_\_\_ Day/Date \_\_\_\_\_

Officiant(s) \_\_\_\_\_

Burial \_\_\_\_\_ Military Honors Y/N \_\_\_\_\_

## Biographical Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Survivors

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Grandchildren \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Great-grandchildren \_\_\_\_\_

Great-great-grandchildren \_\_\_\_\_

Visitation \_\_\_\_\_

Memorials \_\_\_\_\_

\_\_\_\_\_

Video Scenery \_\_\_\_\_ Box Cover \_\_\_\_\_

Music \_\_\_\_\_ Verse \_\_\_\_\_