



Vital Statistic Information

Full Name _____

Address _____

City _____ State _____ Zip _____

In City limits _____ County _____

Birthplace _____

Birthdate _____ Age _____

Social Security Number _____

Marital Status : Circle One

Never Married Married Divorced Widowed

Spouses Name _____

Spouses Maiden Name _____

Fathers Name _____

Mother's First Name _____

Mother's Maiden Name _____

Occupation (Not Retired) _____

Industry _____

Years of Education/or Degree

Person in charge of arrangements

Name _____

Address _____

City _____ State _____ Zip _____

Telephone # _____

Buffalo Hill Funeral Home

1890 Hwy 93 North

Kalispell, MT 59901

(406) 752-0334 Fax (406) 752-0334

www.buffalohillfh.com

wecare@bhfuneralhome.com

Funeral Service Information

Burial _____ Cremation _____

Place of Service _____

Clergy _____

Pallbearers

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Music (song selections)

1. _____

2. _____

3. _____

Video Tribute Yes _____ No _____

Songs for Video

1. _____

2. _____

3. _____

Military Yes _____ No _____

Branch of Service _____

DD214 (Discharge Papers) will be needed

Military Honors Yes _____ No _____