Biographical Information Form

Please print and complete this form about the deceased in detail. All information given will be held in confidence.

Legal Name for official documents: _____

Name for the obituary and printed materials: _____

Address: _____ City: _____ Zip: _____

Address in Bowling Green city limits?: Choose Marital Status: Choose Sex: Choose

Maiden Name if applicable _____ Age: _____

DOB: _____ Place of Birth: _____

S.S.#: _____ Employed by: _____

Occupation (Work title, type of work done most of life) _____

Father's Name _____ Deceased / Surviving

Mother's Name _____Maiden Name_____ Deceased / Surviving

Spouse's Name _____Maiden Name_____ Deceased / Surviving

Education (Highest grade completed) _____ Graduate of _____

_____

Preceded in death by:

_____

_____

_____

_____

_____

Veteran: Choose Branch of Service _____ Highest Rank_____ Choose Conflict

Church Membership _____

Club Memberships or Life Accomplishments (Use additional paper if necessary) _____

_____

_____

_____

Survivors as Listed for the Obituary

Spouse: _____ City: _____ State: _____

_____ Sons:

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ Daughters:

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ Brothers:

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ Sisters:

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ Grandchildren:

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ Great-Grandchildren:

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

Additional Survivors:

_____ Relationship: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

_____ Relationship: _____

_____ City: _____ State: _____

_____ City: _____ State: _____

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_____ City: _____ State: _____

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_____ Relationship: _____

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