



Western Carolina Mortuary Service, LLC

1373 Sweeten Creek Road
Asheville, North Carolina 28803

Phone: (828) 254-4880 Fax: (828) 505-1706

Email: mcintosh@wcarolinamortuary.com

Nickname: _____

Personal Information Record

of Certificates _____

First Name		Middle Name		Last Name		Suffix	Last Name Prior to First Marriage	
Sex	Social Security Number	Date of Birth		Age	Birthplace: City, County, State or Country		Date & Time of Death	
Was Decedent in US Armed Forces? <input type="checkbox"/> Yes - Branch: <input type="checkbox"/> No		Full Residential Address: No., Street, City, County, State					Inside of City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Death: Facility Name or Address: No., Street, City, County, State							Inside of City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			Name of Surviving Spouse: First, Middle, Last (Prior to Marriage), Current Last					
Father's / Parent's Name: First, Middle, Last (Prior to Marriage), Current Last				Mother's / Parent's Name: First, Middle, Last (Prior to Marriage), Current Last				
Informant: First, Middle, Last						Relationship		
Mailing Address: No., Street, City, State, Zip				Phone & E-Mail				
Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other		Place of Disposition			Location			
Occupation: Longest Job During Working Career (Do Not Use Retired)				Kind of Business / Industry				
Highest Level of Education Completed <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th – 12 th grade; no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, no degree <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate degree		Was Decedent of Hispanic Origin? <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other: _____			Race(s) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Guamanian or Chamorro or Alaska Native. <input type="checkbox"/> White Principal tribe: _____ <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Samoan <input type="checkbox"/> Chinese <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> Other _____ <input type="checkbox"/> Japanese <input type="checkbox"/> Unknown <input type="checkbox"/> Korean			

Service Type: _____ Date & Time of Service: _____ Visitation: _____

Location: _____ Officiating: _____

Music: _____

Casket: _____ Vault: _____ Urn: _____ Urn Vault: _____

Pendant Jewelry / Keepsakes: _____

Permission to get fingerprint for uniquely engraved jewelry Video Tribute DVD (up to 60 photos)

Other Notes: _____

