



Bonne Terre Chapel
573-358-2277

Taylor Chapel
573-756-4533

Leadwood Chapel
573-562-7411

Desloge Chapel
573-431-2686

Caldwell Chapel
573-431-3143

CZBoyer.com

Vital Statistics

Preferred Name _____

[1] Legal Name _____ Maiden _____

Sex _____ Race _____ M / NM / W / D _____

At Need _____ Preneed _____ (_____)

Date Of Death _____ - _____ Place / City _____

Hospital / Other _____ Time of Death _____

Physician _____ Phone _____ Fax _____

Date of Birth _____ - _____ Birthplace _____

Age _____ M _____ D _____ Education _____ Social Security _____

Usual Occupation _____ Type of Business _____

Armed Forces Yes _____ No _____ Branch of Service _____

Date Entered _____ Date Separated _____ Service No _____

[2] Current Residence

Address _____ City _____ State _____ Zip _____

County _____ In City Limits Yes _____ No _____

[3] Parents / Spouse

Father's Name _____ Living _____ Deceased _____

Mother's (Maiden) Name _____ Living _____ Deceased _____

Spouse's Name _____ Living _____ Deceased _____

[4] Informant's Name _____ Relationship _____

Street Address _____ Email _____

City / State _____ Zip _____ Telephone _____

[5] Church Membership _____

Lodges / Organizations _____

Special Comments / Awards _____

[6] Memorials _____

List Memorials In Newspaper Yes _____ No _____

[7] Obituary Notices

Photo In Newspaper Yes _____ No _____

Out of Town Newspapers _____

[8] Survivors

Name

Town / State

Spouse _____

Children _____

Grandchildren _____

Grandchildren _____ Great-grandchildren _____ Great-great-grandchildren _____

Brothers And Sisters _____

Parents/ Step-parents _____

Father / Mother In Law _____

Grandparents _____

Special Friends/ Other _____

[9] Preceded In Death By



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Service Details

[1] Visitation

Place _____ Date _____

Time For Family _____ Friends _____

Prayer Service / Lodge/ VFW _____

[2] Funeral Service

Place _____ Date _____

Time _____ Minister _____

Go To Church / Time _____ Visitation Resume Time _____

Burial Entombment Cremation Date _____

Cemetery or Crematory _____

City _____ County _____ State _____

Grave No _____ Lot _____ Section _____ Block _____

Stone In Place Yes _____ No _____

Lot Owner _____ Engrave Deathdate Yes _____ No _____

If Cremation/disposition Of Ashes _____

Close Casket Before Service Yes _____ No _____

Jewelry / Leave On _____

Take Off _____

Clothing For Deceased _____

Hairdresser / Instructions _____

Flowers _____

Script _____

Florist _____

Flag Draped Casket _____ Flag Folded _____ Military Honor Guard _____

Apply for VA Marker Yes _____ No _____ Contact Patriot Guard Yes _____ No _____

[3] Music Selections

Singer/ Organist _____

Video Tribute Yes _____ No _____ Number Of Copies _____

[4] Pallbearers

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

[5] Cars

Funeral Coach _____ Yes _____ No

Limo _____ Yes _____ No

Flower Van _____ Yes _____ No

Pallbearer Van _____ Yes _____ No

[1] Merchandise

Register Book_____

Memorial Folder/ Prayer Cards_____

Verse/ Poem_____

Bookmarks_____

Casket_____

Medallions/ Corners_____

Cap Panel_____

Urn_____

Engraving_____

Number Of Death Certificates _____

[2] Contacts

Name_____

Phone_____ Email_____

Name_____

Phone_____ Email_____

Name_____

Phone_____ Email_____

Name_____

Phone_____ Email_____

[3] Additional Info
