

# BIOGRAPHICAL INFORMATION

D.o.D. \_\_\_\_\_

*\*The information provided must be accurate, as it will be used on legal documents to be filed with various governmental agencies.\**

FULL NAME: First / Middle / Last \_\_\_\_\_

**Maiden (if applicable) :** \_\_\_\_\_

Name as it should appear in obituaries: \_\_\_\_\_

Current Legal Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Is the Address Inside City Limits?** Yes No **If Outside City Limits, Please List County Precinct Number :** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: City / State / Country \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ **Maiden:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Veteran? \*\* \_\_\_\_\_ Service Branch: \_\_\_\_\_

War(s) or Dates of Service \_\_\_\_\_

**\*\*A copy of the discharge and service history (DD-214) will be needed to file claims for any veteran benefits that might be needed\*\***

Marital Status:  Married  Widowed  Divorced  Never Married

Spouses Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Date Married: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

If widowed, date of spouse's death: \_\_\_\_\_

Number of school years completed (including college): \_\_\_\_\_ College / Universities attended and degrees earned: \_\_\_\_\_

Type of work performed when last employed (Job Title or Profession): \_\_\_\_\_

Type of Business / Industry or Profession: \_\_\_\_\_

Employed By: \_\_\_\_\_ Where? \_\_\_\_\_

Retired? \_\_\_\_\_ If so, when? \_\_\_\_\_ How long employed? \_\_\_\_\_

Church Membership/Affiliation: \_\_\_\_\_

Church Offices/Positions/Activities: \_\_\_\_\_

Clubs/Lodges/Other Organizations: \_\_\_\_\_

Offices / Positions held: \_\_\_\_\_

Any other information you want included in obituaries: \_\_\_\_\_

## Persons to contact for information and instructions:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_ Email \_\_\_\_\_

## What the Funeral Home may need from you:

- Life Insurance Policies to be used for expenses
- Copy of Military Discharge Papers (form DD - 214)
- Cemetery deed OR lot description
- If viewing is desired, complete clothing, including undergarments
- Photos to assist technicians with appearance and hairstyle
- Any jewellery or glasses to be used

**OVER**

Please List Survivors

