Vancil-Murphy Funeral Home

437 South Grand Ave. West Springfield, Illinois 62704
(217) 525-1500

_____
FULL NAME FIRST MIDDLE LAST SUFFIX

DATE OF BIRTH:_____ PLACE OF BIRTH:_____

FATHER'S NAME:_____

MOTHER'S NAME:_____MOTHER'S MAIDEN NAME: _____

DATE/PLACE OF MARRIAGE & TO WHOM:_____

CHURCH AFFILIATIONS:_____

LODGE & CLUB AFFILIATIONS:_____
_____
_____

OCCUPATION:_____

PLACE(S) OF EMPLOYMENT, NUMBER OF YEARS, YEAR RETIRED:_____
_____
_____

MILITARY SERVICE:_____BRANCH:_____RANK:_____

WARS SERVED:_____VETERAN'S ORGANIZATIONS:_____
_____

OTHER INFORMATION FOR OBITUARY:_____
_____
_____
_____

MEMORIAL CONTRIBUTION: _____
_____
MEMORIAL CONTRIBUTION IN LIEU OF FLOWERS? (circle one): YES NO

DATE OF SERVICE:_____ TIME OF SERVICE:_____

LOCATION OF SERVICE:_____

PLACE OF BURIAL (if applicable): _____

-SURVIVED BY-

SPOUSE:_____
(MAIDEN NAME IF WIFE)

NAME & SPOUSE CITY & STATE OF RESIDENCE

SONS:_____
_____
_____
_____
_____

DAUGHTERS:_____
_____
_____
_____
_____

PARENTS:_____

BROTHERS:_____
_____
_____
_____
_____

SISTERS:_____
_____
_____
_____
_____

NUMBER OF GRANDCHILDREN:_____ GREAT-GRANDCHILDREN:_____

NUMBER OF GREAT-GREAT-GRANDCHILDREN:_____
NAMES OF GRANDCHILDREN, GREAT-GRANDCHILDREN, ETC. IF TO BE LISTED IN OBITUARY: _____
_____
_____
_____
_____
_____
_____

SEVERAL NIECES & NEPHEWS: YES_____ NO_____

PRECEDED IN DEATH BY:_____
_____
_____
_____