

Alden-Waggoner Funeral Chapel

~ Vital Statistic Information ~

The Bureau of Vital Statistics in the State of Idaho requires the following information.
Please fill in the form below and bring it with you when completing funeral arrangements.

Full name of deceased: _____

Place of death: _____

Address of deceased: _____

City: _____ Inside city limits? ☐ Yes ☐ No County _____

State: _____ Zip code: _____

Date and time of death: _____, 20____ a.m. _____ p.m.

Birth date of deceased: _____
(month) (day) (year)

Birthplace: _____
(city, town, or county) (state or foreign country)

Social security number: _____

Education: # of years _____ graduate? _____ College _____ What degree(s)? _____

Major life occupation: _____

Type of industry or business: _____

Father's name: _____ Birthplace (state): _____

Mother's *full maiden* name: _____ Birthplace (state): _____

Name of spouse: _____

If wife, maiden name: _____

Place of marriage: _____

Date of marriage: _____

At time of death, deceased was.. ☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

If veteran, name of war(s): _____

Branch(es) of service: _____

Attending physician: _____

Informant name: _____ Relationship _____ Phone: _____

Informant address: _____ State: _____ Zip code: _____

~ Funeral/Memorial Information ~

Preferences for funeral or memorial ceremony, related details, and final disposition information:

Type of service: _____

Date and time preferred: _____

Place of ceremony ☐ Funeral chapel ☐ Church: _____ ☐ Other: _____

Cemetery name and location: _____

Person officiating ceremony: _____

Church affiliation of officiant: _____

Music preference: ☐ Live ☐ Recorded

Selections: _____

Any special instructions: _____

List of pallbearers: _____

Special Requests:
