

Groesbeck Funeral Home, Inc.

1215 East Yeagua Street • Groesbeck, TX 76642

Phone 254-729-2525

www.groesbeckfuneralhome.com • groesbeckfh@outlook.com

PERSONAL VITAL HISTORY

Full Legal Name _____ Maiden _____

Physical Home Address _____ Inside City: Yes / No

City, State _____ Zip _____ County _____

Place of Birth: _____ Peace Officer: Yes / No

Date of Birth: Mo _____ Day _____ Year _____ Social Security No. _____ - _____ - _____

Sex: M / F Race: _____ Hispanic Origin Yes / No

Education: 8 or less / 9-12 / HS Grad or GED / Some College – No Degree / Assoc. / Bach. / Masters / Doctorate

Occupation prior to retirement: _____ Industry: _____

Father's Full Name _____

Mother's Full Name _____ Mother's Maiden _____

Spouse's Full Name _____ Spouse's Maiden _____

Spouse's Birth/Death _____ Spouse's Social Security No _____ - _____ - _____

Marital Status: Single or Never Married / Married / Widowed / Divorced

OFFICE USE ONLY

Date of Death _____ Certified Time of Death _____ AM / PM

Place of Death _____ Inside City: Yes / No

County _____ Outside City Limits, Precinct No. _____ Autopsy: Yes / No

Hospital Patient ER DOA Nursing Home Residence Other Specify: _____

MILITARY SERVICE

Branch _____ Rank _____ Date Entered _____

War Conflicts _____ Date Discharged _____

Discharge Paper (DD-214) Located _____ Flag: Yes / No Drape Casket: Yes / No

Military Honors Wanted: Yes / No When Folded, Present to: _____

OBITUARY INFORMATION

Please provide a photo for us to scan, or email to us at groesbeckfh@outlook.com, or text to 254-729-2525

Obituary published in what papers: Groesbeck Journal Mexia News Waco-Tribune Herald

Other Paper(s): _____

What you'd like to include in the obituary:

Education Career Military Info. Organizations Hobbies Characteristics

Church Affiliation _____

Memorials/In Lieu of Flowers _____

SERVICES

Visitation / Rosary Place _____

Officiant/Clergy for Rosary _____

Funeral / Memorial / Mass Service Place _____

Officiant/Clergy _____

Casket Material Preference _____ Color _____

Type: 20-Guage Steel 18-Guage Steel Wood Vault: Yes / No Casket: Open / Closed

Clothing at the time of death is to be: _____

Hairstyle _____

Jewelry _____ To be removed: Yes / No Given to _____

Glasses _____ To be removed: Yes / No Given to _____

2-3 Song Selections: _____

Scriptures or Readings for service _____

Special requests for service _____

FLOWER PREFERENCES

Special casket arrangement instructions _____

PALLBEARERS (6-8)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

HONORARY PALLBEARERS

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Pallbearer Car: Yes / No

Family Limousine: Yes / No

CEMETERY INFORMATION

Name of Cemetery: _____

City _____ County _____

Section _____ Block _____ Lot _____

Special instructions at cemetery: _____

IMPORTANT DOCUMENTS & PEOPLE

Location of funds for services _____

Location of the Will _____

Distribute Death Certificates to _____

Life Insurance Policy(s) _____

Investments/Savings _____

The following people I trust to call on to help notify friends, handling calls and texts, running errands, helping out-of-town guests, or for legal assistance.

Name, Address, Phone Number

For relieving my family in the event of my passing, the preceding arrangements are my personal wishes and desires.

Signature: _____

Date: _____