FAMILY WORKSHEET

Location of Grave/Crypt:_____

IF YES, PLEASE ATTACH A COPY OF YOUR Legal Name of Deceased:_ (include Middle Name or Initial) **DISCHARGE FORM (DD 214)** Address:_ Which war_ _____Rank_____ Formerly of:____ Service number____ Sex (circle one): Male or Female **Entered Service (Date and place):** Date of Birth:__ Birthplace (City and State OR Foreign Country): **Separated Service (Date and place):** Social Security Number:____ Military Honors (Circle one): Yes \mathbf{or} Marital Status (Circle one): Person in charge of funeral arrangements: Married **Never Married** Widowed Divorced Name & Relationship Name of Spouse (Living OR deceased-MAIDEN name of wife): Address Father's name: Phone Number____ Email Mother's name (First name & MAIDEN name): Please bring the following items: *Picture of the deceased (past 2 years for preparation) *List of survivors for death notice, if applicable Education - Highest grade completed:___ *Photos for Memorial Slideshow Please list occupation during lifetime, DO NOT use retired *Rosary *Clothing: Occupation:_ Men Women Dress Suit Kind of business or industry:_____ Shirt (High collar/long sleeves) Religion:_ **Underclothes Underclothes Socks** Hose Church affiliation:___ Tie **Shoes or Slippers Shoes or Slippers Dentures** Clubs/organizations: **Dentures** Glasses Glasses **Jewelry** 2447 S. DesPlaines Avenue 3847 Priaire Avenue North Riverside, IL 60546 Brookfield, IL 60513 (708) 447-2500 Cemetery Name:___

Ever in the Armed Forces (Circle one):

No

No

(708) 485-0214

FOR DEATH NOTICE INFORMATION, SEE BACK>>>>>