MEMORIAL GUIDE

Pearson
FAMILY FUNERAL SERVICE & CREMATION CENTER

VITAL STATISTICS

First, Middle & Last Name:_____

_____

Preferred Memorial Name:_____

_____

Address:_____

Years At Address:_____

Birthplace:_____

Date of Birth:_____

Social Security Number:_____

Marital Status:_____

Name of Spouse:_____

(Wife's Maiden Name)

Date of Marriage:_____

Place of Marriage:_____

Father's Name:_____

Mother's Maiden Name:_____

Occupation/Business:_____

(Type of Work/Yrs. Of Employment)

_____

_____

Education:_____

_____

_____

FUNERAL SERVICE REQUESTS

Name of Mortuary:_____

City:_____State:_____

Place of Service ____Church____Mortuary ___Graveside

Church Preference:_____

Minister:_____

INTERMENT REQUESTS

I prefer _____Earth Burial _____Cremation

Name of Cemetery:_____

Lot Owner:_____

City:_____ State:_____

Section:_____ Lot:_____ Block:_____

ORGANIZATIONS OR MEMBERSHIPS

_____

_____

_____

_____

_____

_____

_____

_____

SPECIAL INSTRUCTIONS

Flower Preference:_____

_____

_____

Music Preference:_____

_____

_____

_____

Casket Bearers:_____

_____

_____

_____

_____

_____

Clothing:_____

_____Glasses:_____

Jewelry:_____

Newspapers to Notify:_____

_____

_____

MILITARY RECORD

Name of War_____

Branch of Service_____

Serial Number_____

Date of Entry_____Date of Discharge_____

FAMILY INFORMATION

(Name, Town & State)

Spouse:_____

Surviving Parents:_____

Children (Spouses):_____

Brothers (wife):_____

Sisters (husband):_____

Number of: _____**grandchildren** _____**great-grandchildren** _____**great-great-grandchildren**

_____**step-grandchildren** _____**step-great-grandchildren**

Preceded by:_____

SPECIAL REQUESTS OR ADDITIONAL INFORMATION

701 7TH STREET
Corning, Iowa 50841
641-322-3156
Fax: 641-322-3157

809 WEST MONTGOMERY
Creston, Iowa 50801
641-782-6555
Fax: 641-782-5861