

Divine Funeral Home
Funeral Service Record

Decedent's Legal Name: _____ Sex: _____

Name for Newspaper: _____ Age: _____

Date of Death: _____ Place of Death: _____

Decedent's

Address: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Race: _____

Occupation(Cannot be Retired): _____

Bus./Industry(Cannot be Retired): _____

Married ___ Divorced ___ Widowed ___ Never Married ___

Husband /Wife (Maiden Name) of: _____

Address: _____

Served in Armed Forces: Yes ___ No ___ Branch _____ Years _____

Father's Name (First & Last): _____ Place of Birth _____

Mother's Name (First & Last): _____ Place of Birth _____

Education: _____

Informant/ Person In Charge: _____ Relationship to Deceased: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Secondary Contact Name: _____ Relationship to Deceased: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Special Family Viewing on _____ at _____

Viewing at DFS on _____ at _____

Funeral will be held on _____ at _____

Viewing at church on _____ at _____ service time _____

Cemetery _____

Type of Service Requested: Earth Burial [], Entombment [], Cremation [], Ship out-in [],

Other: _____

Special Instructions:

Sign: _____

Date: _____