

Welch Funeral Home

202 South Fourth Street Arkadelphia, AR 71923
Phone: 870-230-1400 Fax: 870-230-1411 Email: wfh@suddenlinkmail.com Website: www.welchfh.net

"The Excellence in Service"

BIOGRAPHICAL INFORMATION

FULL LEGAL NAME: _____ AGE: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

INSIDE CITY LIMITS ☐

OUTSIDE CITY LIMITS ☐

COUNTY: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

FATHER'S NAME: _____

MOTHER'S FIRST & MAIDEN NAME: _____

EDUCATION

HIGH SCHOOL: _____ YEAR COMPLETED: _____

COLLEGE: _____ YEAR COMPLETED: _____

MARRIAGE: (MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SINGLE ☐)

SPOUSE'S MAIDEN NAME _____

DATE MARRIED _____

VETERAN: (YES ☐ NO ☐) **Discharge (DD214) Required To Receive Military Benefits of Any Kind**

BRANCH OF SERVICE: _____ WAR OR CONFLICT: _____

SERVICE NUMBER: _____ RECEIVING PENSION OR DISABILITY: (YES ☐ NO ☐)

MILITARY HONORS: (YES ☐ NO ☐) VA HEADSTONE (YES ☐ NO ☐) FLAG: (YES ☐ NO ☐)

EMPLOYMENT

WHERE EMPLOYED: _____

POSITION HELD: _____

CHURCH MEMBERSHIP / ORGANIZATIONS: _____

HOBBIES: _____

INFORMANT / NEXT OF KIN

NAME _____ RELATIONSHIP: _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

PLEASE PRINT

SURVIVING PARENTS _____ **CITY/STATE** _____

SURVIVING SPOUSE _____ **CITY/STATE** _____

SURVIVING FAMILY MEMBERS

SONS NAME	SPOUSE	CITY/STATE	PHONE
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DAUGHTERS NAME	SPOUSE	CITY/STATE	PHONE
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BROTHERS NAME	SPOUSE	CITY/STATE	PHONE
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SISTERS NAME	SPOUSE	CITY/STATE	PHONE
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GRANDCHILDREN (____)	GREAT-GRANDCHILDREN (____)	GREAT-GREAT GRANDCHILDREN (____)
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NAME	LOCATION	NAME	LOCATION
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FAMILY MEMBERS PRECEDED IN DEATH

NAME	RELATIONSHIP	NAME	RELATIONSHIP
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PLEASE PRINT

PLACE OF SERVICE: _____

TIME: _____ DAY _____ DATE _____

Visitation:

TIME: _____ DAY: _____ PLACE _____

OFFICIANT: _____ Assistant: _____

CEMETERY: _____ City: _____

MEMORIALS: _____

SERVICE DETAILS:

ORGANIST: _____

VOCALIST: _____

SONGS: _____

FLOWERS: _____

OBITUARY: Siftings _____ Standard _____ Sentinel _____

PICTURE: (YES ☐ NO ☐) Democrat _____

OUT OF TOWN MEDIA: _____

DEATH CERTIFICATES: # _____

HAIRDRESSER: _____

JEWELRY: _____

CLOTHING: _____

PALLBEARERS:

PRINTING:

☐ Memorial Folders

Picture: _____

Inside Verse: _____

Special Notes: _____

☐ DVD

Song: _____

Song: _____

Song: _____

☐ Care Package

Day _____ Time _____

Address _____

OTHER NOTES:

PERMISSION TO EMBALM

DATE: _____, 20____

AUTHORIZATION TO EMBALM AND PREPARE HUMAN REMAINS FOR FINAL DISPOSITION

Authorization is hereby granted to Welch Funeral Home, including its agents, to embalm, care for, and prepare for final disposition, in accordance with customary professional practice, the body of: _____.

The undersigned hereby represents that he/she, or they, have the legal right to control disposition of said decedent:

Signature _____ Relationship _____

Signature _____ Relationship _____

Embalming is NOT Required For Services That Do Not Include Viewing Such As Direct Cremation