



BLUE'S MORTUARY, INC.

FUNERAL ARRANGEMENT WORKSHEET

NAME: _____ PHONE# _____

AGE: _____ GENDER: _____ RACE: _____

ADDRESS (street, city, state, zip code) _____

DATE OF BIRTH: _____

PLACE OF BIRTH (City and State) _____

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

MARITAL STATUS: _____

SPOUSE:(if wife - maiden name) _____

USUAL OCCUPATION: _____

TYPE OF INDUSTRY: _____

SOCIAL SECURITY #: _____

EDUCATION COMPLETED: _____ VETERAN:(yes or no) _____

BRANCH OF SERVICE: _____ DATES: _____

PERSONAL REPRESENTATIVE:(name, address & telephone):

