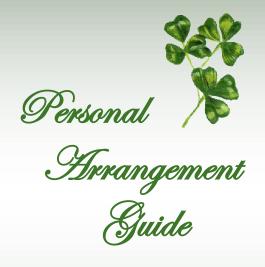
SURVIVORS

PRECEDED IN DEATH

Children	Name	Relationship
Name, spouse, city and state for all surviving children (<i>list oldest first</i>)		
	SPECIAL N	OTES
Number of grandchildren:		
Number of great-grandchildren:		
Siblings		
Name, spouse, city and state for all surviving siblings:		



Martin-Grau Funeral Homes, Inc.

563-568-3162

Full Name:	Occupations & Places Lived	INFORMANT
Maiden Name:	Occupations Held:	Person with legal rights to handle funeral arrangements:
Home Address:		Name:
Conint Consultry Namehous		Address:
Social Security Number:		
I WE HIGEODY	Places Lived (Approximate Dates):	Phone Number:
LIFE HISTORY (Information needed for the Death Certificate)		Relationship:
		SERVICE ARRANGEMENTS
Birth	Organizations	Minister:
Date of Birth;	Lodges, Clubs, Organizations belonged to:	Scripture:
Place of Birth:		Special Music:
Parents: Father:		
Mother (maiden name):		I would like the following to serve as pallbearers
Marriage		
Marriage: Spouse:	Church Membership:	
Date:		
Location:		
Education	Baptism, Confirmation (if known):	
Schools or College Attended:		DISPOSITION
		Cemetery:
	Special events, memories of family or	Location:
Highest Grade Completed:	activities not listed previously.	Has a headstone or marker been placed at the cemetery? yes no
Military Service		Choice of casket would be:
Branch of Service:		Type of burial vault:
Date served:		Type of marker: