

Memorial Guide

THORN-BLACK FUNERAL HOMES, INC.

**139 SOUTH 9TH STREET
CAMBRIDGE OH 43725
(740) 439-1365**

**291 PIKE STREET P.O. BOX 235
QUAKER CITY OH 43773
(740) 679-2691**

www.thorn-blackfuneralhomes.com

VITAL STATISTICS RECORD

Name _____ Date _____

Street _____ City _____ State _____ Zip _____

Phone _____ Social Security # _____

Birthplace _____ Birthdate _____

Father's Name _____

Mother's Name *(include maiden name)* _____

Marital Status (check one) Married _____ Divorced _____ Single _____ Widowed _____

Spouse's Name *(include maiden name, if applicable)* _____

Date Married _____ If deceased, date of death _____

PERSONAL HISTORY

Occupation _____ Employer _____

Position held _____ How long? _____ Retired (Y - N) Year _____

Highest grade of school completed _____ High School _____

College _____

Military: (Y - N) War: _____ Branch _____ Rank at Discharge _____

Enlistment date & place _____ Discharge date & place _____

Service number _____ Location of discharge papers _____

Lodges, Memberships, Church, & Offices held _____

Newspaper: The funeral home will notify the local newspaper (*Daily Jeffersonian*)

Picture for obituary _____ Yes _____ No _____

Picture enclosed _____ Yes _____ No _____

Other newspapers to notify _____

FUNERAL SERVICE INSTRUCTIONS & INFORMATION

Cemetery_____ Location_____

Section_____ Lot_____ Space_____ Stone installed?_____

Any other final arrangements prepaid?_____

Funeral services to be conducted:

Funeral Home_____ Church_____ Graveside only_____

Prayer Service_____ Rosary_____

Remarks_____

Clergy_____ Church_____

Organist_____ Vocalist(s)_____

Music Selection(s)_____

Favorite Bible passages, poetry, quotations, etc._____

Flower requests_____

Donation requests_____

Clothing: New?_____ Own clothing?_____ Colors_____

Decisions of clothing, jewelry to be made by?_____

Jewelry_____ Rings_____ Earrings_____

Other_____

Participating Organizations (Fraternal/Military Rites)_____

Special instructions_____

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