

Biographical Information

All information will be reviewed with our licensed funeral director.

Please fill out completely and either email this information back or bring with you to our meeting.

1. Full name: First, Middle, Last, Suffix _____
For women, First, Middle, and Married Last name. _____
Last name prior to first marriage (maiden name) _____
2. Current Age _____
3. Date of Birth _____
4. Place of Birth (County/State or Foreign Country) _____
5. Date of Death _____
6. County of Death (if death occurred at a residence, you need the county where the individual pays taxes _____
7. Social Security # _____
8. Marital Status: Married, Divorced, Never Married, Married, but separated, Widowed, Unknown, single is not an option _____
9. Surviving Spouse Full Name _____
Maiden, if wife _____
10. Decedent's usual occupation: What he or she did for the majority of his/her working life, for instance, farmer, salesman, truck driver, home maker. DO NOT USE RETIRED.

11. Kind of Business or Industry: for instance, produce farm, retail, Sales,

etc.... _____

12. Whether the residence is in or out of city limits _____

13. Highest degree of education. Please place a check by appropriate level:

8th grade or less _____

9th to 12th grade (no diploma) _____

High School Graduate or GED completed _____

Some college credit, but no degree: _____

Associate degree _____

Bachelor's degree _____

Master's degree _____

Doctorate or Professional degree (MD, DDS, PhD, DVM, JD) _____

14. Father's name, first, middle, last _____

15. Mother's name PRIOR to first marriage first, middle, last

16. Was decedent of Hispanic Origin? _____

17. Decedent's Race _____

18. Was decedent ever in the US Armed Forces? _____

If yes, please provide a copy of the DD214 for VA claims and flag purposes.

Additional information needed:

19. Attending Doctor and Address: _____

20. Attending Doctor's phone number: _____