Fox Funeral Home & Crematory

2800 Commercial Way - Rock Springs - Wyoming 82901
Phone:(307)362-3876 - Toll Free:1-888-227-5928 - Fax:(307)362-6057

Personal Data Sheet

Please Print

Name:	Birth Place:	Date of Birth:		
Residence Address:				
City:	County:	State:		
How Long a Resident?:	Former Resident of:			
SSN: - -	Sex:	Race:	Citizen of Country:	
Fathers Name:	Mothers Name: Maiden			
❑Married ❑Single ❑Widowed ❑Divorced ❑Separated	Name of Spouse: Maiden			
Place of Marriage:	Date:	Date of death:		
Place of Marriage 2nd spouse:	Date:			

Grade Schools Attended:				
High School attended:	Graduated: ❑Yes ❑ No	Year:		
Other Schooling:	Total Number Years of School:			
Usual Occupation:	Name of Employer:			
How Long Working:	Date of Retirement:			

If Veteran, Name War:	Branch:			
Enlistment Date:	Discharge Date:	VA#:	Serial#:	Rank:

Lodges, Clubs, Civic Organizations:
Church Membership:
Interests:
Additional Information:

Death Information

Place of Death:	City:	State:
Date of Death:	Hour of Death: AM PM	
Length of Stay in Institution:	Length of Illness	
Doctor:	Address:	City:	State:

Contact Person

Name:	Address:	City:	State:
Phone:	Relation:	Zip:	

Service Information

Service Time and Place:	
Viewing/Rosary Time and Place:	
Other Arrangements:	
Minister:	Church:
Cemetery:	Property Description:

Survivors

Spouse:	Residence:
Parents:	Residence:
	Residence:
Son/s:	Residence:
	Residence:
	Residence:
	Residence:
	Residence:
Daughter/s:	Residence:
	Residence:
	Residence:
	Residence:
	Residence:
Brother/s:	Residence:
	Residence:
	Residence:
	Residence:
Sister/s:	Residence:
	Residence:
	Residence:
	Residence:
Paternal Grandparents:	Residence:
	Residence:
Maternal Grandparents:	Residence:
	Residence:
Grandchildren:	Great-Grandchildren:

#of Aunt/s	Uncle/s	Cousin/s	Niece/s	Nephew/s

Preceded in Death By: