

Vital Statistics Information

Full Legal Name: (First, Middle, Last)			Name to use for Media:		
Sex: M F	Social Security Number:	Date of Birth:	Place of Birth:		
Veteran: (Branch of Service)		Marital Status (Never Married, Married, Widowed, Divorced)			
Full Name of Spouse (If wife, give maiden name):					
Usual Occupation:			Kind of Business/Industry:		
Physical Address (Street and Number, City, State, Zip):					Inside City Limits? Yes No
Mailing Address (Street and Number/P. O. Box, City, State, Zip):					Telephone Number:
Hispanic or Native American Origin: If Yes, specify Cuban, Mexican, Puerto Rican, etc.		Race:	Highest Completed Education: <i>Elementary (0-12) College 1-4 or 5+</i>		
Father's Name: (First, Middle, Last)		Mother's Name: (First, Middle, Maiden)			
Next of Kin and relation:		Address and Telephone Number:			

Relatives

Name:	Relationship:	City & State:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grandchildren: _____ Great Grandchildren: _____ Great Great Grandchildren: _____

Preceded in Death By: _____

Signature _____ Funeral Director _____

Date _____

Funeral Instructions

For the purpose of recording my funeral wishes for the time of need, I herewith execute these instructions to guide my nearest relatives.

1. I wish my funeral/memorial service to be held at: _____
2. I do _____ do not _____ wish to have a visitation. Location: _____
I prefer the casket to be opened _____ closed _____ at the service/visitation.
3. I request burial _____ cremation _____ entombment _____ embalming (check all that apply)
4. Location of Burial/Entombment: _____
5. Person to officiate service: _____
6. Music: _____
7. I desire a Masonic Service _____ Eastern Star _____ Military Service _____
Lodge or Branch of Military Service: _____
8. I desire the following to be used in my obituary (Church membership/affiliation, Clubs, Civic Organizations, Memberships, Accomplishments, Military Medals Received, Employment History, Schools, etc.): _____

9. I would like memorials to be made to: _____
10. I would like my Pallbearers to be:
Active: _____

Honorary: _____

11. I prefer the Standard Memorial Folder _____ Custom Photo Memorial Folder _____
12. Burial Policies or Insurance Policies (List amounts and location of policies): _____

13. The casket I prefer: _____
14. The outer burial container/vault I prefer: _____
15. Other Instructions, Remarks, or Requests: _____

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FUNERAL SERVICE

800 West Main Street - P. O. Box 700
Russellville, Arkansas 72811-0700
Phone 479-968-1212