

THOMAS

FAMILY

Funeral Home

Bradley J. Thomas
Owner/Director
C.F.S.P.

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Owner/Director

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"Our Family Serving Your Family Since 1926"

DEATH CERTIFICATE INFORMATION

NAME _____ DATE OF DEATH _____
FIRST MIDDLE LAST

LOCATION OF DEATH _____ TIME _____ DOCTOR _____

ADDRESS _____
STATE COUNTY CITY NUMBER AND STREET

(FORMERLY OF _____)

SOCIAL SECURITY NUMBER _____ SEX _____ RACE _____

DATE OF BIRTH _____ AGE _____ PLACE OF BIRTH _____

FATHER _____ MOTHER _____

NATIONALITY _____ YEARS OF EDUCATION _____ VETERAN _____
(i.e. Norwegian, German, English) (MAIDEN NAME)

SPOUSE _____ OCCUPATION (OF DECEASED) _____
(MAIDEN NAME) (PRIOR TO RETIREMENT)

PERSONAL REPRESENTATIVE _____ PHONE NUMBER _____

ADDRESS _____ E-MAIL _____

SERVICE INFORMATION

DATE OF SERVICE _____ TIME _____ PLACE _____

BURIAL _____ GRAVE DESCRIPTION _____

OFFICIANT _____ SEXTON/GRAVEDIGGER _____

SOLOIST _____ ORGANIST _____ FELLOWSHIP _____

MUSIC SELECTIONS _____

CASKET BEARERS _____

HONORARY PALLBEARERS _____

FLOWERS _____ FLOWER SHOP _____

CASKET _____ OUTER BURIAL CONTAINER _____

MEMORIAL FOLDER _____ VERSE _____

MEMORIALS _____

SPECIAL REQUESTS _____

(PLEASE COMPLETE REVERSE SIDE)

OBITUARY INFORMATION:

(RAISED AND EDUCATED; VETERAN'S SERVICE; MARRIAGE; RESIDENCES AND EMPLOYMENT; AWARDS AND MEMBERSHIPS; HOBBIES):

FAMILY INFORMATION: (NAMES & CITY OF RESIDENCE)

1.CHILDREN & THEIR SPOUSES 2.BROTHERS & SISTERS 3.GRANDCHILDREN & GREAT-GRANDCHILDREN

PRECEDED IN DEATH BY: