

Date _____

Personal Information Sheet-Nelson-Bauer and Bauer-Torrey & Mach Funeral Homes

Full Legal Name: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____ Gender: ☐ Male ☐ Female

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Birthplace: _____

Birth Order: _____

Marital Status: _____ Spouse: _____

Date of Marriage: _____ Place of Marriage: _____

Father's Name: _____

Mother's Name & Maiden Name: _____

Contact Person/Informant: _____ Phone: _____

Education:

Highest Grade Completed: _____

Primary: _____ Secondary: _____ Year Graduated: _____

Post Secondary: _____ Year Graduated: _____ Degree: _____

Employment:

Usual Occupation: _____

Place of Employment: _____

Hobbies/Interests:

Veterans Benefits:

DD214 Form: _____

Branch of Service: _____ War/Conflicts Served: _____ Serial #: _____

Entry Date: _____ Discharge Date: _____

Affiliations/Church Membership:

Date _____

Surviving Relatives:
Children:

Name _____	Name _____
Address _____	Address _____
City/State _____ Zip _____	City/State _____ Zip _____
Relationship _____	Relationship _____
Phone _____	Phone _____
Name _____	Name _____
Address _____	Address _____
City/State _____ Zip _____	City/State _____ Zip _____
Relationship _____	Relationship _____
Phone _____	Phone _____
Name _____	Name _____
Address _____	Address _____
City/State _____ Zip _____	City/State _____ Zip _____
Relationship _____	Relationship _____
Phone _____	Phone _____
Name _____	Name _____
Address _____	Address _____
City/State _____ Zip _____	City/State _____ Zip _____
Relationship _____	Relationship _____
Phone _____	Phone _____

Siblings:

Name _____	City/State _____	Rel. _____
Name _____	City/State _____	Rel. _____
Name _____	City/State _____	Rel. _____
Name _____	City/State _____	Rel. _____
Name _____	City/State _____	Rel. _____
Name _____	City/State _____	Rel. _____
Name _____	City/State _____	Rel. _____

Number of Grandchildren _____ **Number of Great-Grandchildren** _____

Preceded in Death by _____

Personal Wishes - Funeral Service Instructions

Date _____

Funeral Home: _____ City/State: _____

Type of Service: _____

Place of Service: _____

Rosary / Military Rites / Fraternal: _____

Visitation: ☐ Yes ☐ No If Yes: ☐ Private ☐ Public

Place of Visitation: _____

Name of Cemetery: _____ Plot/Space Numbers: _____

Monument: _____

Flag: ☐ Draped ☐ Folded

Pallbearers: _____

Honorary Pallbearers: _____

Wedding band: Leave On ☐ Yes ☐ No Jewelry/Other: Leave On ☐ Yes ☐ No

Newspaper (Obituary Notice): _____

Religious Passages Selected: _____

Clergy: _____

Musician: _____ Soloist: _____

Special Music: _____

Memorial Contributions: _____

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[illegible]

Additional Family Members:

[illegible]