

VITAL STATISTICS

Full legal name (first, middle, last): _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ E-mail: _____

Sex: _____ Race: _____ Date of birth: _____

Birthplace (city & state): _____

Education level completed: _____ Social Security number: _____

Veteran: Yes No Branch: _____

Rank at discharge: _____ Service number: _____

Enlistment date & place: _____

Discharge date & place: _____

Location of military discharge papers: _____

Spouse's name (if wife, please give maiden name): _____

Father's name (first, middle, last): _____

Birthplace of father: _____

Mother's maiden name (first, middle, last): _____

Birthplace of mother: _____

HISTORICAL INFORMATION

In community since: _____ Date & place married: _____

Occupation (former, if retired): _____ Employer: _____

Number of years employed: _____ City & state: _____

Organization memberships (fraternal & other): _____

Church: _____

Additional information: _____

AUTHORIZATION

I, _____, do hereby certify and acknowledge that the information recorded herein was personally given to _____ representing _____ Funeral Home.

I understand that the information recorded herein is on file at the funeral home listed above.

Authorized signature _____ Date _____