

Type of service Direct cremation Cremation with services Burial
 Other _____

Name _____ Age _____

Deceased Address _____

Sex Male Female

Date of Death _____

Place of Death _____

Primary Doctor's name _____

Office location _____

Phone number _____

Social Security Number _____

Date of birth _____

Birth Place, City _____ State _____

Informants Name _____ Relationship _____

Address _____

Phone# _____ Cell Phone# _____

Email _____

Marital States Married Widowed Separated Divorced Never Married

Date Married _____

Spouse's name _____ Maiden Name _____

Spouse date of death _____

Ever in the military YES NO Branch _____

DD 214 Form YES NO

Wars / Location Served in _____

Military Honors NO YES In Funeral Home At the Grave

Other _____

Fathers Name _____

Place of his birth _____

Mother's Name _____

Place of her birth _____

Education High School Associates Bachelors Masters

Other _____

University/ Collage Attended _____

Degree Earned _____

Usual occupation _____

Employer _____

Position's Held _____

Sons

Daughters

Brothers

Sisters

Grand Children

Great Grandchildren

OBIT INFORMATION

Clubs, Lodges, Memberships, Churches and Public office held, Family fun, Outings, Vacations

Calling Hours _____

Time _____ Date _____

Services _____

Time _____ Date _____

Cemetery _____ LOT# _____

Date _____

News Papers _____

Picture in Obituary ____ YES ____ NO

Memorial Donations _____

Register Book _____

Prayer Card # _____ Name _____

Prayer Card Verse _____

Flowers _____

Jewelry/Clothing _____

What to leave in the
casket _____

Spring Burial yes no Date _____ Time _____

Check list for services.

Date called

Confirmed

Minister

Church time and day

Music

Grave opening

Vault

Obituary

Web site posting

Death Certificated ordered

Date of services posted on white board