

East/West	Date	Director			
Vital Statistic	c				
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Name:					
(First) (Middle) (Maiden) (Last)					
, ,					
Sex: ☐ Male ☐ Female	Social Security Number:				
		Date:	:		
☐ Never Mo	arried 🗆 Widowed 🗆 Divo	rced			
Father's Name:		Mother's Name :			
Occupation and/or Employer:			Retired?	☐ Yes	
Highest Level of Education Cor	mpleted:				
Church, Lodges, Memberships,	Hobbies :				
INFORMANT					
Name, Relationship:					
ARMED FORCES					
Branch of Service:		Service Number:			
Date Entered:		Date of Discharge:			
Location of Military Discharge	Papers (DD214):				
Highest Grade, Rank, or Rating	Received:				
Wars/Conflicts Served:					
FAMILY MEMBERS					
Survived by (Name, Relationsh	nip, City of Residence, Phone): _				
Number of Grandchildren:		_Number or Great-Grandchildre	n:		
Preceded in death by:					

Locally owned and operated for five generations.

Funeral/Memorial Service Instructions

Church Preference:
Officiant:
Disposition Preference: Burial Mausoleum Cremation Body Donation
Visitation: ☐ Yes ☐ No Casket: ☐ Open ☐ Closed
Participating fraternal, military, or service organizations:
Obituary: Yes No Photo: Yes No
Newspaper(s):
Pallbearers:
Flowers (describe):
Favorite religious passages, quotations, or poems:
Favorite music selections:
Specific requests for the service:
Memorial Contributions:
Flag (if veteran): Folded Draped Given to:
Specific clothing:
Glasses to be worn: Yes No After viewing:
Jewelry to be worn: Yes No After viewing:
Specific Jewelry:
Additional Instructions:
CEMETERY INFORMATION
Cemetery property owned: Yes No Cemetery:
Address:
Marker Owned: Yes No
Cremation Memorialization: Niche Burial Other:
Additional Instructions:

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