Full Name _____ Age _____ Phone _____
Current Residence _____
Former Residence _____
Address City State Zip Stay There Inside City

Date of Death _____ Time _____ M. Place of Death _____
Month Day Year Location ER/In Pt. City

Length of Stay at Place of Death _____ Length of Illness _____ County of Death _____ State _____
Dr./Cor. _____ Cause of Death _____
Coroner Notified: _____ Birth Date _____ Place of Birth _____
First Middle Last Born Died Cemetery

Father's Name _____
Mother's Maiden Name _____
Father's Parents _____
Mother's Parents _____
Spouse Father's _____
Spouse Mother's Maiden _____
Spouse's Father's Parents _____
Spouse's Mother's Parents _____
Schooling _____
Spouse School _____
Veteran: Branch of Service _____ War: _____ Rank _____ Flag _____ Marker _____ Allowance _____
Date Enlisted _____ Place: _____ Serial No. _____
Date Discharged _____ Place: _____ C-Number _____
Employment _____

Occupation _____ Industry _____ Soc.Sec. _____ 443-019
Church Membership _____ IPA _____ 442-400
Organizations _____ Caseworker _____
Spouse S.S.# _____
Hobbies _____ Railroad _____ 1-423-974
Marital Status: Married ( ) Single ( ) Divorced ( ) Widowed ( )
Maiden Name: _____ Date/Place: _____

Name Spouse Telephone Address Bday Wday

SURVIVORS _____

No. of Grandchildren: _____ No. of Great-grandchildren: _____ No. of Great-Great-grandchildren: _____
Preceded by _____

Services _____
Place Time Day/Date Minister

Disposition _____
Type Cemetery City State Block Sec. Lot Grave

Visitation _____
Time Day

Order of Service _____ Memorials _____
Special Services _____ Jewelry _____