

Vital Statistics Record

Date _____

Name _____ Phone _____

Address _____ City _____ State _____

Zip Code _____ County of Death _____ Social Security # _____

Birthdate _____ Birthplace _____

Father's Name _____

Mother's First and Maiden _____

Marital Status: M D S W | Married to (maiden name if applicable) _____

Doctor's Name _____ Office Location _____

Personal History

Occupation _____ Industry _____

Position _____ How many years _____ Retired _____

Resident Cities _____

Highest Level of Education _____

Military _____ Branch _____ Rate or Rank at Discharge _____ War _____

Public Office Held, Church, Memberships, or Lodges _____

Informant Information (death certificates & mailed information)

Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Immediate Family Relationship Name Address

Preceded in Death By _____

EMERGENCY CONTACTS TO BE NOTIFIED *Name Address Phone*

IMPORTANT LEGAL INFORMATION

Will _____ Attorney _____
Safety deposit box at _____
Executor of estate _____ Address _____

Life Insurance Company & Policy Number(s) _____

Memorial Contributions to _____

Organ Donations (Specify) _____

Other Special Requests _____

FUNERAL SERVICE INSTRUCTIONS

Cemetery _____ Location _____

Section _____ Lot _____ Space _____

Marker Installed _____ Any Other Final Arrangements Prepaid? _____

Special Instructions _____

Funeral Service to Be Conducted: _____

Funeral Home _____ Church _____

Graveside _____ Prayer Service _____

Rosary _____ Remarks _____

Clergy _____ Church _____

Organist _____ Vocalist(s) _____

Music Selections _____

Favorite Bible Passages, Poetry, Quotations and Verses, Etc. _____

Flower Request _____

Clothing: New _____ Present _____ Color _____

Decisions of clothing, jewelry to be made by _____

Jewelry _____ Rings _____ Earrings _____

Other _____

Participating Organizations (Fraternal/Military Rites) _____

Pallbearers: Name, City, State, Phone _____

AUTHORIZATION I, _____, have given the preceding information, to be filed in the funeral home of my choice, in order to avoid placing all responsibility on family and loved ones at the time of my death.

Counselor _____ Authorized by _____