

First Information Sheet

Full name: \_\_\_\_\_ (First, Middle, Last Jr. or Sr.)

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Name of parents (including mother's maiden name)

Father \_\_\_\_\_ Mother \_\_\_\_\_

marital status: Married Widowed Never Married Widowed (Circle)

Spouse's name (First name and maiden name) \_\_\_\_\_

Living: Yes or No

Address of spouse if still living \_\_\_\_\_

Date of Death of spouse if deceased \_\_\_\_\_

Years married \_\_\_\_\_

Telephone number of surviving spouse \_\_\_\_\_

Name of informant if other than surviving spouse \_\_\_\_\_

Telephone # \_\_\_\_\_

Address of Informant \_\_\_\_\_

Occupation \_\_\_\_\_ Type of business or Industry \_\_\_\_\_

*Example*                      *Teacher*

Education: Years of Education completed \_\_\_\_\_

Social Security Number \_\_\_\_\_

Served in the Armed Forces: Yes or No Branch of service \_\_\_\_\_

Entry Date \_\_\_\_\_

Date of Discharge \_\_\_\_\_

Do you have a copy of Discharge papers or DD214: Yes or No (Circle)

Requested copies of Death Certificate (\$20 for the first and \$3 for each additional) \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Name of Cemetery \_\_\_\_\_

Marker present: Yes or No (Circle)

Location of Cemetery \_\_\_\_\_

Type of Marker: Stone or Bronze (Circle)

Lots in the Name of \_\_\_\_\_

Grave Description \_\_\_\_\_

Church affiliation \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Address of Church if services will take place there \_\_\_\_\_

Request memorials to Charity or Organizations name \_\_\_\_\_

Address \_\_\_\_\_

In Lieu of Flowers: Yes or No (Circle)

Request for a particular florist \_\_\_\_\_ Location \_\_\_\_\_

Newspapers obituary should appear in \_\_\_\_\_

\_\_\_\_\_

Pallbearers names \_\_\_\_\_

\_\_\_\_\_

Date and place of Marriage(s) \_\_\_\_\_

Space below for additional information, former residence, other jobs or occupations, organizations, survivors, preceded in death by, hobbies, songs for services