

FUNERAL SERVICE RECORD



NUMBER _____

Name: _____

(Give full name of deceased)

Date of Death _____ Hour _____

Place of Death _____

(If death occurred in hospital or institution give its name. If in home give address)

Residence No. _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Sex _____

Birthplace _____ Color or Race _____

(City, Town, State or Foreign Country)

Relationship Status _____

Name of Husband or Wife _____

(If Wife give First and Maiden Name)

Fathers Name _____ Mothers Name _____

Deceased Occupation _____

Kind of Business _____

Employed By _____

Veteran _____ From _____ To _____

Branch _____

Social Security No _____

Education Level _____ Clean Shaven _____

Informant _____

Relationship _____

Address _____

(Number, Street, City, State and Zip)

Phone Number _____

Place of Service _____ Time _____

Date of Funeral _____

Cemetery or Crematory _____

Grave No. _____ Row _____ Range _____ Section _____ Plot _____

Lot Owner _____

Medical Examiner Number _____ Doctor _____