



SERVICE INFORMATION WORKSHEET

For the purpose of relieving survivors of the responsibilities of making decisions and arrangements, these definite funeral instructions are herewith executed.

RECORD FOR OFFICE OF VITAL STATISTICS

Full Legal Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Residence Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

\_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Never Married \_\_\_\_ Divorced

Spouses Name (including maiden): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name (including maiden): \_\_\_\_\_

Usual Occupation: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

\_\_\_\_ Veteran/Branch: \_\_\_\_\_ Education (no. of years): \_\_\_\_\_

Clubs and Organizations: \_\_\_\_\_

Services to be held at: \_\_\_\_\_

\_\_\_\_ Viewing \_\_\_\_ Visitation \_\_\_\_\_

Clothing/Jewelry to be worn: \_\_\_\_\_

Limousines: \_\_\_\_\_

Floral Requests: \_\_\_\_\_

Church/Synagogue Affiliation: \_\_\_\_\_

Clergy: \_\_\_\_\_

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Musicians: \_\_\_\_\_

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Music Selections:    \_\_\_ Vocal    \_\_\_ Instrumental

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Cemetery: \_\_\_\_\_

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Newspapers to contact: \_\_\_\_\_

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Pallbearers: \_\_\_\_\_

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Survivors:

<u>Relationship</u>	<u>Name</u>	<u>Phone</u>	<u>City</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Predeceased By:

<u>Relationship</u>	<u>Name</u>
_____	_____
_____	_____
_____	_____
_____	_____

Additional Information: \_\_\_\_\_

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