



VITAL STATISTICS & OBITUARY INFORMATION

(Please print or type)

Full Name: _____

Address: _____

City, State and Zip: _____

Date of Birth: _____

Place of Birth (City and State): _____

Father's Name: _____

Mother's Name (Maiden): _____

Ancestry (ex. English, Polish, German, etc.): _____

Marital Status: _____ Date Married: _____

Spouse's Name (Wife's Maiden Name): _____

Social Security Number: _____

Occupation: _____

Kind of Business or Industry: _____

Education: _____

Military: _____ Which Branch of Service: _____

Church: _____

Cemetery: _____

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Family Owned and Operated

OBITUARY INFORMATION

(Please print or type)

Surviving Family

Spouse: _____

Children and their spouses: _____

Grandchildren and their spouses: _____

Great grandchildren: _____

Parents: _____

Brothers and Sisters: _____

Predeceased Family: _____

Clubs, Organizations, etc.: _____
