



VITAL STATISTICAL INFORMATION

Name: _____

Address: _____

Length of time living here: ___ years Formerly of: _____ for ___ years

Birthplace (City & State): _____

Birthday: ___/___/___ SS#: _____

Mother's Name (First & Maiden): _____

Father's Name: _____

Marital Status: Married Widowed Divorced Never Married

Name of Spouse: (First & Maiden name for women): _____

of years of Education: _____

Occupation: _____

Name of last company worked for: _____

Location of Company (City & State): _____

Veteran: Yes No If yes, Branch & date(s) of service: _____

Clothing: Own Funeral Home Provides: _____

Survivors: (name, relation, city & state) _____

Obituary Information (Clubs, Organizations, Work, Education, etc.):

Charity for donations: _____

Newspapers: Courier Post Philadelphia Inquirer

Other newspapers: _____



FUNERAL INSTRUCTIONS

Please Specify: Burial Entombment Cremation

Place of Viewing: _____

Place of Service: _____

Officiating Clergy/Church: _____

Cemetery: _____

Block: _____ Lot: _____ Section: _____ Grave: _____

Please circle appropriate item.

Type of Casket Desired: Wood Metal

Burial Vault: Basic Sealed Sealed & Lined

Flowers: Family will order Funeral Home will order

If we order: Casket Spray Head Basket Foot Basket All 3

Flower Requests (favorite color/flower, no daisies, etc.): _____

Personal Requests:

The above information is for guidance at the time of my death. It is intended to assist those handling my personal affairs. I have expressed my preferences on certain subjects which, unless changed by unforeseen circumstances, I hereby desire and request.

Signature: _____

Dated this _____ **day of** _____, **20** _____