

Vital Statistics  
For Preneed Arrangements



NAME \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Hispanic Origin \_\_\_\_\_

Marital Status \_\_\_\_\_ Citizenship \_\_\_\_\_

Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_

Education: Elementary/Secondary 0-12 \_\_\_\_\_ College \_\_\_\_\_

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

Mother's Maiden Name \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Social Security Number \_\_\_\_\_ Surviving Spouse \_\_\_\_\_

Maiden Name \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Veteran \_\_\_\_\_ Name War \_\_\_\_\_ Branch of Service \_\_\_\_\_

Entry Date \_\_\_\_\_ Discharge Date \_\_\_\_\_ Rank and Serial Number \_\_\_\_\_

BIOGRAPHICAL INFORMATION

Length of Time Living Here \_\_\_\_\_

Coming From \_\_\_\_\_

Religion \_\_\_\_\_ Church Member \_\_\_\_\_

List Clubs, Noteworthy Achievements, Etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SURVIVING RELATIVES

Father \_\_\_\_\_

Mother \_\_\_\_\_

Husband/Wife \_\_\_\_\_

Sons \_\_\_\_\_ Spouse \_\_\_\_\_ City, State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daughters \_\_\_\_\_ Spouse \_\_\_\_\_ City, State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brothers \_\_\_\_\_ Spouse \_\_\_\_\_ City, State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sisters \_\_\_\_\_ Spouse \_\_\_\_\_ City, State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grandchildren (No.) \_\_\_\_\_ Great Grandchildren (No.) \_\_\_\_\_ Great Great Grandchildren (No.) \_\_\_\_\_

Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SERVICE DETAILS

Type of Service \_\_\_\_\_

Place of Service \_\_\_\_\_

Clergy \_\_\_\_\_

Music: Organist \_\_\_\_\_ Songs \_\_\_\_\_

Vocalist \_\_\_\_\_

Pallbearers \_\_\_\_\_

Memorial Contributions To: \_\_\_\_\_

## FINAL DISPOSITION

Cemetery \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Grave No. \_\_\_\_\_ Lot \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_

Lot Owner \_\_\_\_\_

If Cremation, Disposition of Ashes \_\_\_\_\_

## MISCELLANEOUS

Clothing \_\_\_\_\_

Newspaper for Obituary Notice \_\_\_\_\_

Flowers \_\_\_\_\_

## CLERICAL INFORMATION

No. of Certified Copies of Death \_\_\_\_\_

If Estate, Attorney's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_