

Full Name \_\_\_\_\_ Folder \_\_\_\_\_

Name at birth \_\_\_\_\_

Date of death \_\_\_\_\_ Hour \_\_\_\_\_ Age \_\_\_\_\_

## Vital Statistics

Deceased's address \_\_\_\_\_

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

Location of death \_\_\_\_\_

City / Twp / Village \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Hispanic Origin  Yes  No

Ancestry \_\_\_\_\_

Date of birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Father's name \_\_\_\_\_  Living  Deceased

Mother's maiden name \_\_\_\_\_  Living  Deceased

Usual occupation \_\_\_\_\_

Employer \_\_\_\_\_

Social Security Number \_\_\_\_\_

Highest Level of Education \_\_\_\_\_

Veteran \_\_\_\_\_ Branch of service \_\_\_\_\_

Rank and Service Number \_\_\_\_\_

Single  Married  Widowed  Divorced  Separated

Name of spouse \_\_\_\_\_  Living  Deceased

Married: When \_\_\_\_\_ Where \_\_\_\_\_

Informant \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Family telephone \_\_\_\_\_

Email \_\_\_\_\_

Doctor \_\_\_\_\_

No. of certified copies \_\_\_\_\_ Send to \_\_\_\_\_

## Biographical Information

Nickname \_\_\_\_\_

Raised \_\_\_\_\_

Length of time locally \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Work history (retirement date) \_\_\_\_\_

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

Hobbies and special interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Memberships \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Survivors List** (include spouse and city & state of residence)

Father \_\_\_\_\_

Mother \_\_\_\_\_

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

Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grandchildren \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of Great Grandchildren \_\_\_\_\_ No. of Great Great Grandchildren \_\_\_\_\_

Siblings \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nieces and Nephews \_\_\_\_\_ Cousins \_\_\_\_\_

Deceased Family Members \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Service Details

Public  Private

### VISITATION

### FUNERAL

Location \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Family Time \_\_\_\_\_

Time \_\_\_\_\_

Public Time \_\_\_\_\_

Clergy \_\_\_\_\_

Organization or Military Services \_\_\_\_\_

## Final Disposition

Burial  Entombment  Cremation

Date \_\_\_\_\_

Time \_\_\_\_\_

Cemetery/Crematory \_\_\_\_\_

Family Present  Yes  No  Spring burial

City \_\_\_\_\_

Twp. \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Description of grave \_\_\_\_\_

Disposition of Ashes \_\_\_\_\_

Special Instructions \_\_\_\_\_

Thumbprint  Yes  No

Music \_\_\_\_\_

Jewelery \_\_\_\_\_

Florist/Flowers \_\_\_\_\_

In lieu of flowers  Yes  No

If yes: \_\_\_\_\_

Printed materials: Register Book \_\_\_\_\_ Prayer cards \_\_\_\_\_ Tribute Candle \_\_\_\_\_

Luncheon : Location \_\_\_\_\_ Number of Guests \_\_\_\_\_

Type of catering (full meal, sweets, etc.) \_\_\_\_\_

Tribute Video  Yes Number of Copies \_\_\_\_\_

Easels needed \_\_\_\_\_

Additional Notes: \_\_\_\_\_

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

# Master Checklist

Action	✓	By
Clergy notified		
Organist notified		
Soloist notified		
Active pallbearers notified		
Cemetery/Crematory notified		
Vault ordered		
Prayer cards		
Brief notice		
Daily Press obit & photo		
Other newspaper		
Website obituary		
Flowers ordered		
Veterans honors		
Life Insurance		
Church women		
Caterer		
Laminated Obituary		

Documents	✓	By
Death certificate		
Burial/Cremation permit		
Family authorization		
Railroad retirement		
Social security		
Social services		
V.A. Flag obtained		
V.A. Burial Allo. Appl. mailed		
Delta Co. Vets		
VA marker		
Pres. Certif.		
Hairdresser		
Casket reordered		
Temporary marker		
Last date		
Service help		
Fingerprints		