

CASE NO.		<b>FUNERAL SERVICE RECORD</b>				BURIAL PERMIT NO. 2399-	
DECEDENT'S NAME		FIRST	MIDDLE	LAST		SEX	
DATE OF DEATH		HOUR OF DEATH		SOCIAL SECURITY NUMBER		AGE	
DATE OF BIRTH		BIRTHPLACE				VETERAN? Y N	
PLACE OF DEATH:	HOSPITAL - INPATIENT	HOSPITAL - ER/OUTPATIENT	HOSPITAL - DOA	NURSING HOME	RESIDENCE	OTHER	INSIDE CITY LIMITS?
FACILITY NAME:				CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
DECEDENT'S USUAL OCCUPATION:				KIND OF BUSINESS/INDUSTRY:			
MARITAL STATUS:				SURVIVING SPOUSE: (IF WIFE, GIVE MAIDEN NAME)			
RESIDENCE - STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
INSIDE CITY LIMITS?	ZIP CODE	SPECIFY ORIGIN		RACE		EDUCATION LEVEL	
FATHER'S NAME				MOTHER'S MAIDEN NAME			
INFORMANT'S NAME		HOME PHONE NUMBER		WORK PHONE NUMBER		RELATIONSHIP	
MAILING ADDRESS				EMAIL ADDRESS			
METHOD OF DISPOSITION:				PLACE OF DISPOSITION		LOCATION - CITY OR TOWN, STATE	
BURIAL	CREMATION	REMOVAL FROM STATE	DONATION	OTHER			
FUNERAL DIRECTOR:				LICENSE NUMBER		EMBALMER	
NUMBER OF CERTIFIED COPIES:				TO WHOM?			
PHYSICIAN		PHONE NUMBER		ADDRESS			
CEMETERY		LT#/BLOCK#		SECTION		GRAVE NUMBER	
MEMORIALS TO?				NEWSPAPERS			
MARRIED (DATE, PLACE) YEARS MARRIED				CHURCH AFFILIATION			
CLERGY/CHURCH				PHONE NUMBER		NOTIFIED?	
FUNERAL PLACE/LOCATION				DATE		TIME	
VISITATION PLACE/LOCATION				MUSIC/ORGANIST NAME		PHONE NUMBER	
SHIP TO FUNERAL HOME						PHONE NUMBER	
FUNERAL HOME ADDRESS						FAX NUMBER	
ADDRESS FOR FAMILY CAR				PICKUP TIME		PHONE NUMBER	
FLORIST		\$		COLORS		ON CARD	
MEMORY BOARD Y/N		FLAG Y/N		CASKET:			
MEMORIAL FOLDERS		VERSE		FAMILY CENTER Y/N		BOOK Y/N	
VIDEO TRIBUTE Y/N							