

Biographical Information Form

Only items in *Green* are optional. All other information is required in order to complete a death certificate.

SERVICES FOR

Full Legal Name (First, Middle Initial, Last, Suffix (e.g., Jr., Sr. etc): _____
Facility Name (if living in Nursing Home): _____
Address, City, State Zip: _____
Phone(s): _____ Email: _____

VITAL INFORMATION:

Social Security Number: _____
Date of Birth: _____
City, State of Birth: _____
County of Birth: _____
Highest School Grade Completed _____
Gender: _____ Race: _____
I currently have a pacemaker: Yes No

PARENTS

Father's Full Name: _____
Father's Status: Living Deceased
Mother's First and Maiden Name: _____
Mother's Status: Living Deceased

MARITAL INFORMATION

Marital Status: Single Divorced Widowed Married
If Not Single or Divorced:
Spouse's First and Maiden Name: _____
Spouse's Status: Living Deceased
Spouse DOB: _____
Spouse SS # (if living): _____

IMMEDIATE NEXT OF KIN OR EXECUTOR

Full Name: _____
Relationship: _____
Address: _____
City, State Zip: _____
Social Security Number _____
Phone(s): _____

EMPLOYMENT HISTORY

Primary Job Title in Life: _____
Industry Category: _____
Employer: _____
Years employed: _____ Years Retired: _____

MILITARY HISTORY

Did you ever serve in the Armed Forces
 Yes No No, but Spouse did
If Yes or Spouse: Military Branch: _____
Rank: _____ Service No. _____
War: _____
Include copy of discharge papers (DD214).

RELIGIOUS AFFILIATION

Church Name: _____
Address: _____
City, State Zip: _____
Phone: _____
Affiliation: _____

CEMETERY INSTRUCTIONS

Have you selected a cemetery or have a plot/spot?
 Yes No
Name of Cemetery: _____
Lot: _____ Section: _____ Grave: _____
 Earth Burial Columbarium Other: _____
Is someone buried now on lot? Yes No
If Yes, Name and Date of Burial: _____
Marker or Monument: Yes No

Upon my passing, I would like:

- a full traditional service with viewing, church service, and graveside burial
- a traditional service with viewing and graveside burial
- a traditional viewing followed by cremation
- a cremation with memorial service at funeral home
- cremation only

Would you like a Pastor or Reverend present at your service? Yes No

Would you like prayer cards and a register book? Yes No

COMPLETE THIS SECTION IF YOU PLAN TO RUN AN OBITUARY.

MEMBERSHIPS / ACTIVITIES YOU ENJOY

Membership in clubs, organizations, offices held, etc. Hobbies, past times, etc.

SURVIVING FAMILY MEMBERS

Attach additional sheets if needed. *For wives, include maiden name)

Relationship	First Name	MI	Last Name	If Married Spouse's Name*	Residence City, State
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

NUMBER OF GRANDCHILDREN / GREAT GRANDCHILDREN

PREDECEASED CHILDREN AND SIBLINGS

ADDITIONAL INFORMATION ABOUT YOUR LIFE YOU WOULD LIKE INCLUDED IN YOUR OBITUARY

IN LIEU OF FLOWERS, DONATIONS MAY BE MADE TO (INCLUDE NAME AND ADDRESS OF ORGANIZATIONS):
