

# Historical Record

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Birthplace: City \_\_\_\_\_ County \_\_\_\_\_  
Education: \_\_\_\_\_  
Occupation (Previous if retired) \_\_\_\_\_  
Employer (Or retired from) \_\_\_\_\_  
Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Spouse Name \_\_\_\_\_  
Maiden Name \_\_\_\_\_  
Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_  
In State Since \_\_\_\_\_ In City Since \_\_\_\_\_  
Moved From \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Name of Father \_\_\_\_\_  
Date if deceased \_\_\_\_\_ Birthplace (City) \_\_\_\_\_ (State) \_\_\_\_\_  
Name of Mother (Maiden) \_\_\_\_\_  
Date if deceased \_\_\_\_\_ Birthplace (City) \_\_\_\_\_ (State) \_\_\_\_\_

# Veteran Information

Name of War \_\_\_\_\_ Service Number \_\_\_\_\_  
Branch of Service \_\_\_\_\_  
Place Inducted \_\_\_\_\_ Date \_\_\_\_\_  
Place Discharged \_\_\_\_\_ Date \_\_\_\_\_  
Rank/Rate when discharged \_\_\_\_\_  
Discharge Papers Located \_\_\_\_\_  
Flag to drape casket: Yes  No

# Personal Wishes and Desires

Would you have had your service:  
 At the funeral home  the church  other  
What is the name of your church? \_\_\_\_\_  
Who's your favorite minister, priest or rabbi? \_\_\_\_\_  
Are there any readings or scriptures that are special to you?  
\_\_\_\_\_  
\_\_\_\_\_  
Many people have a favorite song or hymn. What's yours?  
\_\_\_\_\_  
\_\_\_\_\_  
Some families prefer a memorial donation instead of flowers.  
What is your feeling?  
 Memorial Donation  Flowers  Both  
\_\_\_\_\_  
What clothing would you prefer? \_\_\_\_\_  
\_\_\_\_\_  
Would you like to wear jewelry?  Yes  No  
To be removed?  Yes  No  
Would you like to wear your eyeglasses?  Yes  No  
Do you have cemetery property?  Yes  No  
\_\_\_\_\_  
(Name and Location of Cemetery ~ Lot # Space #)  
Most families prefer to have friends, neighbors, or relatives serve as pallbearers.  
Who would you prefer?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Names of Children

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

# Brothers & Sisters

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

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# Good Samaritans

This is where we list your closest friends in the event your family needs help at the time of need by:

- Notifying friends
- Handling sympathetic phone calls
- Running errands
- Helping out-of-town guests

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

For the purposes of relieving my family in the event of need, the preceding arrangements are my personal wishes and desires.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date