

INFORMATION NEEDED
WHEN MAKING ARRANGEMENTS

NAME OF DECEASED _____

DATE OF DEATH _____

DECEASED ADDRESS _____

PLACE OF DEATH _____

MARTIAL STATUS _____

BIRTHPLACE _____

DATE OF BIRTH _____

FATHER'S NAME _____

MOTHER'S MAIDEN NAME _____

OCCUPATION _____

SOCIAL SECURITY _____

SURVIVING SPOUSE _____

IF VETERAN, NAME OF BRANCH OF SERVICE

COPY OF MILITARY DISCHARGE DOCUMENTS

INFORMANT'S NAME AND ADDRESS

HIGHEST EDUCATION _____

NAMES OF SURVIVORS

PICTURE ID OF DECEASED