

Freeman

MORTUARY

Three generations of our family serving yours since 1961.

BIOGRAPHICAL INFORMATION

FULL LEGAL NAME: _____ AGE: _____

ADDRESS: _____

CITY, STATE, & ZIP: _____

INSIDE CITY LIMITS OUTSIDE CITY LIMITS COUNTY: _____

DATE PASSED AWAY: _____ TIME: _____

WHERE THE DEATH OCCURRED: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

EDUCATION

HIGH SCHOOL: _____ YEAR COMPLETED: _____

COLLEGE: _____ YEAR COMPLETED: _____

COLLEGE: _____ YEAR COMPLETED: _____

MARRIAGE (MARRIED WIDOWED DIVORCED)

SPOUSE'S MAIDEN NAME DATE MARRIED WHERE MARRIED DATE OF SPOUSE'S DEATH

SPOUSE'S MAIDEN NAME DATE MARRIED WHERE MARRIED DATE OF SPOUSE'S DEATH

VETERAN (YES NO)

BRANCH OF SERVICE: _____

WAR OR CONFLICT: _____

SERVICE INFORMATION: _____

RECEIVING PENSION OR DISABILITY: (YES NO) _____

MILITARY HONORS: (YES NO) _____

VA HEADSTONE: (YES NO) STYLE: _____ DATE ORDERED _____

A LIFELONG RESIDENT OF: _____

EMPLOYMENT

WHERE EMPLOYED: _____

POSITION HELD: _____

LENGTH OF EMPLOYMENT: _____ DATE OF RETIREMENT: _____

OTHER OR PREVIOUS EMPLOYMENT: _____

SOCIAL SECURITY NUMBER: _____

ORGANIZATION MEMBERSHIPS: _____

HOBBIES : _____

INFORMANT

NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

FAMILY MEMBERS

SONS NAME

SPOUSE

CITY/STATE

PHONE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DAUGHTERS NAME

SPOUSE

CITY/STATE

PHONE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BROTHERS NAME

SPOUSE

CITY/STATE

PHONE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SISTERS NAME

SPOUSE

CITY/STATE

PHONE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRANDCHILDREN (____) GREAT-GRANDCHILDREN (____) GREAT-GREAT-GRANDCHILDREN (____)

NAME

LOCATION

NAME

LOCATION

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY MEMBERS PRECEDED IN DEATH

NAME

DATE OF DEATH

NAME

DATE OF DEATH

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SERVICES:

TIME, DATE & PLACE OF SERVICE: _____

TIME, DATE & PLACE OF VISITATION: _____

OFFICIANT: _____

CEMETERY OR CREMATION SITE: _____

SPECIAL SERVICES (ROSARY, MASONIC SERVICE, ETC.): _____

MEMORIAL CONTRIBUTIONS: _____

SERVICE DETAILS:

ORGANIST: _____

VOCALIST: _____

SONGS: _____

FLOWERS: _____

OBITUARY: NT _____ INC. _____

PICTURE: (YES NO)

OUT OF TOWN MEDIA: _____

DEATH CERTIFICATES: # _____

HAIRDRESSER: _____

JEWELRY: _____

PALLBEARERS:

PRINTING:

MEMORIAL FOLDERS

PRAYER CARDS

SERVICE BULLETINS

THANK YOU CARDS

OUTSIDE PICTURE:

PRAYER:

VERSE:

REGULAR

INSIDE VERSE:

SPECIAL NOTES:

PICTURE:

PERSONALIZED

SPECIAL NOTES:

SPECIAL NOTES:

SPECIAL NOTES:

OTHER DETAILS:

DVD TRIBUTE

BALLOONS

BOUTONNIERES

MEAT TRAY

PARKING

PERMISSION TO EMBALM

DATE: _____, 20____

AUTHORIZATION TO EMBALM AND PREPARE HUMAN REMAINS FOR FINAL DISPOSITION

Authorization is hereby granted to Freeman Mortuary, or the bearer mortuary, including its agents, to embalm, care for, and prepare for final disposition, in accordance with customary professional practice, the body of: _____.

The undersigned hereby represents that he/she, or they, have the legal right to control disposition of said decedent:

_____ Relationship: _____

_____ Relationship: _____