

CUSTOMER / DECEASED INFORMATION

DECEASED INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

Sex: Male Female Modifier: Mr. Mrs. Miss Ms. Sr. Jr. Dr. Rev.
(Circle one) (Circle one)

Age: _____ Religion: _____ Date of Birth: _____

Date of Marriage: _____ Date of Death: _____

Address 1: _____

Address 2: _____

City: _____ State / Prov.: _____ Zip code: _____

Status: Single Married Divorced Widowed Separated Engaged
(Circle one)

Veteran: Yes _____ No _____ Branch: _____ War: _____

Contact / Deed / Owner: _____

Address: _____ City: _____ State: ____ Zip code: _____

Telephone: _____ Cell: _____

Email (Optional): _____

Sign Name _____ Date: _____

GENEALOGY

Permission to Release Information: Yes No

(Circle one)

(Only information pertaining to the deceased would be released – all contact information will remain confidential)