

NAME:

ADDRESS:

SOCIAL SECURITY #:

OCCUPATION:

EDUCATION LEVEL:

BIRTHPLACE:

DATE OF BIRTH:

VETERAN-YESNO

WHAT WAR _____ BRANCH _____ RANK _____

SINGLEMARRIEDWIDOWEDDIVORCED

DATE MARRIED _____ PLACE _____

SPOUSE'S NAME:

LIVING-YESNO

FATHER'S NAME:

LIVING-YESNO

MOTHER'S MAIDEN NAME:

LIVING-YESNO

CHURCH MEMBERSHIP:

SURVIVORS & HOMETOWN

SPOUSE:

MOTHER:

FATHER:

(____) DAUGHTERS:

(____) SONS:

(____) SISTERS:

(____) BROTHERS:

(____) GRANDCHILDREN:

(____) GREAT-GRANDCHILDREN:

PRECEDED IN DEATH BY:

ORGANIZATIONS:

BURIAL:

MARKER UP YES NO

ENTOMBMENT:

MARKER UP YES NO

MINISTER

ASST. MINISTER:

VOCALIST:

MUSICIAN:

INFORMANT:

(ADDRESS)

IN LIEU OF FLOWERS:

PALLBEARERS

(ACTIVE)

(HONORARY)