

Funeral Service Record Sheet

Amount of Death Certificates needed:

Arrangements

No. _____

Date _____

FULL NAME OF DECEASED _____

Date of Death _____

Place of Death _____ County: _____

(If Death Occurred in Hospital or Institution, give name If in a rural area,
give location and length of residence in City or state immediately prior to death)

Residence No. _____

(Usual Place of Abode of Deceased)

City _____ State _____ Country _____

Date of Birth (Month) _____ Day _____ Year _____ Sex _____

Age(Years) _____ (Months) _____ (Days) _____

Place of Birth:(City) _____ (State) _____ (Country) _____

Marital Status: *Single (Never Married) *Married *Married but Separated *Divorced *Widowed

If Married: Husband of (or) Wife of _____

(Give Maiden Name of Wife)

Father's Name _____ Mother's Maiden Name _____

Deceased's Occupation _____ Physician _____

Employer _____ Address _____

Veteran(What war) _____ Serial Number _____

Social Security #(or account #) _____ Grade Level Completed _____

Informant _____

Relationship _____

Address _____

Phone _____

Date of Wake/Viewing _____ Time _____

Place of Wake/Viewing _____

Date of Funeral _____ Time _____

Place of Funeral _____

Cemetery _____

Grave # _____ Row # _____ Range # _____ Section # _____

Lot Owner _____ Permit # _____

Type of Disposition _____