



Schriver - Thompson Funeral Home & Cremation Services

NAME: (First, Middle, Last) _____

ADDRESS: (Street, City, State, Zip) _____

HOME PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____ Sex: M F

VETERAN: Yes/No ENLISTMENT DATE: _____ DISCHARGE DATE: _____ BRANCH: _____

RACE: _____ City/State of Birth: _____

MARITAL STATUS: Married Never Married Divorced Widowed

MOTHERS NAME: (First, Middle, Maiden Name) _____

FATHERS NAME: (First, Middle, Last) _____

SPOUSE NAME: (First, Middle, Maiden Name) _____

DATE AND PLACE OF MARRIAGE: _____

OCCUPATION: _____ INDUSTRY: _____

YEARS OF SCHOOL COMPLETED: _____ HIGHEST LEVEL IN COLLEGE: _____

SERVICES TO BE HELD AT: _____

OFFICIATING CLERGY (if desired): _____

TYPE OF SERVICE: Memorial Service Traditional Funeral Service Other

PLACE OF BURIAL: (if any) _____

INFORMANT NAME: _____

RELATIONSHIP TO DECEASED: _____

INFORMANT ADDRESS: _____

HOME PHONE: _____ CELL PHONE/OTHER: _____

OBITUARY & BIOGRAPHICAL INFORMATION:

SURVIVED BY:

PROCEEDED IN DEATH BY:

OTHER INFORMATION:
