

Name _____ Ethnicity _____

M F Age _____ Social Security # _____

Veteran Y N Education _____



Address _____ County _____ Inside City Limits Y N

Place of Death _____ County _____

Emergency Room? _____ In patient _____

Date of Death _____ Hour of Death _____

Date of Birth _____ Place of Birth _____

Father's Name _____ Survives? _____

Mother's Name _____ Maiden Name _____ Survives? _____

Where _____

Married _____ Date _____ Survives? _____ DOD _____

Children: Sons _____ Daughters _____ (Deceased Sons _____ Daughters _____)

Grandchildren _____ Great Grandchildren _____ Great-Great Grandchildren _____

Siblings: Brothers _____ Sisters _____ (Deceased Brothers _____ Sisters _____)

Church _____

Occupation of Deceased _____

Organizations/Hobbies _____

Date _____ Time _____

Officiating _____

Cemetery _____ Location _____

Friends may call at _____ Location _____

Time _____ Date _____

Time _____ Date _____

Memorial Contributions _____

Other Information _____

Funeral # _____ Year _____

Month _____ No. _____

Pall bears Music

Memorial Kit Name _____

Prayer/ Verse _____

Private Family Visitation _____

Informant Name _____ **Phone #** _____

Address _____

Email address _____

Papers/Picture/Radio: Daily Chief Union (Upper Sandusky) _____ **Progressor Times (Carey)** _____

Kenton Times (Kenton) _____ **Marion Star (Marion)** _____ **Advertiser Tribune (Tiffin)** _____

Telegraph Forum (Bucyrus) _____ **The Courier (Findlay)** _____ **Other Newspapers:**

WMRN _____ **WKTN** _____ **Website** _____ **Facebook** _____ **Free Death Announcement** _____

Florist _____ **Flowers** _____

Clothing _____

Dinner/Luncheon _____

Physician _____ **Phone #** _____

Address _____

Coroner's Case _____

Cause of Death _____

Special Request/ Miscellaneous _____

CHECK LIST:

Vault/Tent/Service _____

Cemetery _____

Section _____ **Lot** _____ **Grave** _____ **VA Marker Location** _____ **Date Received** _____

Minister _____

Death Certificate _____ **Doctor** _____ **ASD** _____ **Website** _____ **# Certified Copies** _____

(Health Dept) Date Sent _____ **Date Ordered** _____

Flowers Ordered _____ **Dates on Marker** _____ **ESCORT: Police** _____ **Sheriff** _____ **HW Patrol** _____

Military Honors _____ **Life Tribute DVD** _____ **# Copies** _____

CASKET: Manufacturer _____ **#** _____ **Description** _____ **Interior** _____

Finish _____ **Color** _____