

Funeral Instructions of

Date _____



39 Main Street
Post Office Box 357
Forestville, New York 14062
(716) 965-2941

WARREN H. RILES, CFSP
Director

MARK L. WOOLLEY
Director

VITAL STATISTICAL AND BIOGRAPHICAL RECORD

PERSONAL INFORMATION

INFORMANT TELEPHONE _____

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

COUNTY _____ IF RESIDENCE IN BORO or TOWNSHIP, Specify _____

LENGTH OF RESIDENCE _____ EDUCATION GRADE LEVEL _____ SEX _____ RACE _____

BIRTH INFORMATION

DATE OF BIRTH _____ CITY OF BIRTH _____ STATE OF BIRTH _____

FATHER'S NAME _____ RESIDENCE _____

MOTHER'S NAME _____ RESIDENCE _____

OTHER PARENTAL INFORMATION _____

MARITAL STATUS

SPOUSE NAME _____ First _____ Middle _____ Maiden _____ Last _____

SPECIAL SPOUSAL INFO _____

EMPLOYMENT RECORD

OCCUPATION _____ INDUSTRY _____

COMPANY _____ CITY STATE _____

YEARS EMPLOYED _____ YEAR RETIRED _____

MILITARY SERVICE

BRANCH No _____ WAR _____ RANK _____ SERVICE NUMBER _____

ENLIST PLACE _____ DATE _____ VETERAN NUMBER _____

DISCHARGE PLACE _____ DATE _____ UNIT _____

RELIGIOUS AFFILIATION

CHURCH NAME _____ AFFILIATION _____

CITY/STATE/ZIP _____ TELEPHONE _____

CEMETERY INFORMATION

CEMETERY NAME _____ LOT _____ SECTION _____ GRAVE _____

CITY _____ STATE _____ TELEPHONE _____

NOTORIETY (membership in clubs, organizations, offices held, etc.)

VITAL STATISTICAL AND BIOGRAPHICAL RECORD

LIST OTHER FAMILY MEMBERS (If deceased indicate date of death in City State block)

Relationship	First Name	MI	last Name	Marital Status	Spouse 1st Name	City State Zip
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OTHER FAMILY INFORMATION

Grandchild

ADDITIONAL OBITUARY INFORMATION

Funeral Instructions

The following information is for guidance at the time of my death. It is intended to assist those handling my personal affairs. I have expressed my preference on certain subjects which, unless changed by unexpected circumstances, I hereby desire and request:

1. I wish my services to be held at _____
2. I would prefer as clergyman _____
3. I have viewed caskets and would prefer _____
4. I prefer as an outer burial vault _____
5. I desire my funeral expenses to total approximately \$ _____ It is prepaid _____ it is not Prepaid _____
6. I prefer: _____ Burial _____ Entombment _____ Cremation _____
7. I prefer _____ Public viewing _____ Family viewing _____ No viewing _____ Church service _____ No service _____
8. My executor/executrix is _____
9. My attorney is: _____
10. Other Instructions _____

