

Funeral Instructions of

Date _____



Phone (716) 965-2941
Fax (716) 965-2913

www.rilesandwoolleyfuneralhome.com
Mark L. Woolley, Director

39 Main Street, PO Box 357
Forestville, NY 14062

VITAL STATISTICAL AND BIOGRAPHICAL RECORD

PERSONAL INFORMATION

NAME _____ TELEPHONE _____
SOCIAL SECURITY # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
COUNTY _____ IF RESIDENCE IN BORO or TOWNSHIP, Specify _____
LENGTH OF RESIDENCE _____ SEX _____ RACE _____
EDUCATION GRADE LEVEL _____ HIGH SCHOOL _____ COLLEGE _____

BIRTH INFORMATION

DATE OF BIRTH _____ CITY _____ COUNTY _____ STATE _____
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 _____ 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.)

INFORMANT - NAME _____ TELEPHONE _____ CELL _____
ADDRESS _____ RELATIONSHIP _____

