



## MY VITAL STATISTIC SHEET

Date: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ ZIP: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment/Industry: \_\_\_\_\_

Date retired (if no longer working): \_\_\_\_\_ Race \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Maiden Name

First, Maiden, and Last: \_\_\_\_\_

How Long a Resident: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Veteran of: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Rank: \_\_\_\_\_

Clubs, Organizations and Other Information

\_\_\_\_\_  
\_\_\_\_\_

PRECEDED IN DEATH BY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OVER 

## SURVIVORS

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## SERVICES DESIRED

Place of Funeral Services: \_\_\_\_\_ Place of Burial: \_\_\_\_\_

Lot Owner: \_\_\_\_\_ Section and Lot Number: \_\_\_\_\_

Receive Friends Y/N      Open Casket Y/N

Church: \_\_\_\_\_ Minister/Speaker \_\_\_\_\_

Special Music: \_\_\_\_\_

Special Services/Honors: \_\_\_\_\_

Pallbearers' Names:

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Type of Casket Desired: \_\_\_\_\_ Type of Vault Desired: \_\_\_\_\_

Type of Urn Desired: \_\_\_\_\_ Location of Clothing: \_\_\_\_\_

Flowers or Flag on Casket: \_\_\_\_\_

## ADDITIONAL INFORMATION FOR YOUR PERSONAL RECORDS

Insurance Companies & Policy Numbers: \_\_\_\_\_

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Signed \_\_\_\_\_ date \_\_\_\_\_

*Free from [www.myfuneraloptions.com](http://www.myfuneraloptions.com)*