

DAVIS FUNERAL HOME
INFORMATION FOR DEATH CERTIFICATES AND OBITUARY NOTICES

Nickname _____

Full Name of Deceased _____

Residence _____ In City Limits: Yes ___ No ___

Mailing Address _____

City and State _____

Date of Death _____

Place of Death _____

Date of Birth _____ Age: Yrs. _____ Mos. _____ Days _____

Place of Birth _____

Father's Full Name _____ Living _____

Mother's Full Name (including maiden) _____ Living _____

Spouse (including maiden) _____ Living _____

Hispanic: Yes ___ No ___

Race ___ Sex ___ Married ___ Never Married ___ Widowed ___ Divorced ___

Usual Occupation (Before Retirement) _____

Business or Industry _____

Education: Elementary (0-12) _____ College (No. of Yrs. or Degree) _____

Social Security No. _____ (We will notify Social Security)

If Veteran, Name of War _____ Branch _____

Informant (Next of Kin) _____ Relationship _____

Mailing Address _____

City, State and Zip _____ Phone _____

No. of Certified Copies of D.C. _____ 1 Free VA DC (for VA Purposes Only)

Date Married _____ Place _____

Religion _____

Religious Activities

Civic Activities, Clubs or Fraternal Orders

Personal Notes
(Interests, Hobbies, etc.)

Work History

Length of stay in the community and places lived

Schools and other data

SURVIVORS

Spouse _____
Name City & State

Sons

Daughters

Grandchildren, No. _____ Gr.Grandchildren, No. _____ Gr.Gr.Grandchildren, No. _____

Parents _____

Grandparents _____

Brothers

Sisters

Preceded in death by: (immediate family)

Religious Preference _____

Place of Service: Church _____ Cemetery _____

Other _____ Davis Funeral Home

Time _____ Day _____ Date _____

Viewing: Yes Funeral Home Evening
 No Church Prior to Service

Time _____ Day _____

Rosary: Time _____ Day _____

Clergy/Speaker _____ Other Speakers/Eulogy _____

Music _____

Organist _____ Soloist _____

I Prefer: Burial Cremation Cremation with viewing

Interment Place _____

I have have not reserved burial spaces.

Section _____ Block _____ Grave _____

Type of Cover: Dome Vault

Fraternal Rites _____ Military Honors: Guns Taps Flag

If applicable, we will apply for: Burial Allowance Flag Headstone/Marker (DD214 required)

Memorials to: _____

Family Email Address: _____

Obituary: Yes No Riverton/Lander papers Other Papers _____ Photo

Notes: _____

Check the appropriate box if you would like our assistance with the following:

Insurance A pre-arrangement councilor

Pall Bearers

Honorary Pall Bearers

For Office Use

The following are included in package funeral prices:

Thank You Card No. _____ Memorial Folders _____ Verse _____

Memorial Book _____