INFORMATION FORM

If death has not taken place, do you wish to pre-pay? Yes_____ No_____

FOR: _____
first middle last

NAME AT TIME OF BIRTH: _____

DATE OF BIRTH:_____ SEX:_____ SSN:_____-_____-_____

USUAL OCCUPATION(before retirement):_____

IN WHAT INDUSTRY_____

CURRENT HOME ADDRESS:_____

_____

COUNTY:_____ HOME PHONE:_____

CITY & STATE OF BIRTH:_____

MARITAL STATUS: MARRIED_____ DIVORCED_____

WIDOWED_____ NEVER MARRIED_____

SURVIVING SPOUSE'S NAME (IF FEMALE, NAME AT THE TIME OF HER BIRTH):

_____

VETERAN: NO_____ YES_____ BRANCH_____

ANCESTRY/NATIONALITY:_____

RACE:_____OF HISPANIC ORIGIN?_____LEVEL OF EDUCATION:_____

SUBJECT'S FATHER'S NAME:_____

SUBJECT'S MOTHER'S FIRST AND MAIDEN NAMES:_____

NAME & ADDRESS & TELEPHONE OF NEXT OF KIN (or guardian)

_____

_____

NAME AND NUMBER OF PERSON TO BE CONTACTED WHEN COMPLETED

_____

****# of certified death certificates needed _____****

RESPECTFUL FUNERALS, RESPONSIBLE PRICING

Generations Funeral & Cremation Services

********(Check mark what office you would like to pick up from)********

☐ ***29550 Grand River***
Farmington Hills, MI 48336
248-426-9200
Fax 248-426-9218

☐ ***2360 E. Stadium Blvd.***
Ann Arbor, MI 48104
734-971-9200
Fax 734-971-9292

☐ ***47741 Van Dyke***
Shelby Twp., MI 48317
586-416-9200
Fax 586-254-3400