

We hope that by completing this form, the burdensome yet necessary task of gathering this much needed information will be eased for you. The information needed for the death certificate is indicated with an asterisk (\*) and the Field is Red. Fields may be left blank if unknown.

?		<del>)</del>
NAME FOR NEWSPAPER		
*FULL LEGAL NAME (As appears on Social Se	ecurity Card)	
MAIN PHONE NUMBER FOR FAMILY		
*RESIDENCE	*CITY	*STATE *ZIP
*IN CITY LIMITS: *SEX	*RACE	*OF HISPANIC ORIGIN?
*MARITAL STATUS *	PLACE OF BIRTH	*DATE OF BIRTH
*FATHER'S NAME	*MOTHER'S F	IRST & MAIDEN NAME
*OCCUPATION (Retired not accepted)	*EMP	PLOYER / INDUSTRY
*SOCIAL SECURITY #	*EDUCATION (TX Vital Statisti	
*SPOUSE FIRST NAME & ( <u>MAIDEN</u> )		DATE OF MARRIAGE
PLACE OF MARRIAGE ( <u>City, State</u> )		*IS SPOUSE DECEASED ( <u>If yes, date</u> )
*VETERAN: BRANCH	RANK(At Discharge	WAR
WARS OTHER - MULTIPLE		
HAVE COPY OF DD-214(Discharge)	WANT MILITARY	HONORS AT FUNERAL SERVICE
WISH TO RECEIVE U. S. FLAG	HOW WOULD YOU LIKE	E FLAG DISPLAYED
WHO WILL RECEIVE THE FLAG AT SER	VICE	



Preferred service wishes such as all times, dates and locations MUST be confirmed by the funeral home with all parties involved with said service. (e.g., Funeral Home, Minister, Church, Cemetery and/or other facilities.)
DISPOSTION WILL BE
IF CREMATION, PLEASE INDICATE PREFERENCE FOR DISPOSTION OF ASHES
REQUESTED TIME OF SERVICE REQUESTED DAY / DATE OF SERVICE
LOCATION OF SERVICE SERVICE SERVICE MINISTER
MINISTER'S CHURCH MINISTER'S PHONE
WOULD YOU LIKE A FAMILY LIMO LOCATION OF FAMILY PICK-UP
CEMETERY ALREADY OWN BURIAL PLOT
PLOT OWNER IS HEADSTONE ALREADY IN PLACE
A Family Visitation is a set time the Family will be present to receive friends during viewing. Typically held the night before service, usually from 6pm to 8pm.
PREFER A SET FAMILY VISITATION REQUESTED TIMES & DATE / DAY
PREFER A PRAYER / ROSARY SERVICE REQUESTED TIME & DATE / DAY
PALLBEARERS (6) ( Print in obituary )
SONGS, TYPICALLY 2-3
(With artist if preferred)
Traditionally for services caskets are open before and after services for final viewing.
VOLID DDEEEDENCE EOD VIEWING



## The Informant is the person mainly responsible and gives us the Vital Statics Information needed to complete the Death Certificate.

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*INFORMANT	NAME	* RELAT	IONSHIP		
DATE OF BIRTH		SS#			
*RESIDENCE		*CITY	*STATE		
*ZIP PF	IONE #: CEL	L PH #: 6	-Mail		
PRECEDED IN D	EATH BY: (If wanted in paper)				
SURVIVORS:					
SURVIVORS.					
Relationship	Name	Address	State	Zip	Phone
	Name	Address	State	Zip	Phone
	Name	Address	State	Zip	Phone
	Name	Address	State	Zip	Phone
	Name	Address	State	Zip	Phone
	Name	Address	State	Zip	Phone
	Name	Address	State	Zip	Phone
	Name	Address	State	Zip	Phone
	Name	Address	State	Zip	Phone
	Name	Address	State	Zip	Phone
	Name	Address	State	Zip	Phone
	Name	Address	State	Zip	Phone
	Name	Address	State	Zip	Phone

WOULD YOU LIKE MEMORIALS IN OBITUARY
MEMORIALS GO TO (Organization and address)
HELPFUL INFORMATION FOR OBITUARY OR ANYTHING ELSE IMPORTANT (may include any special thank you to anyone special)
HELPFUL HINTS OR ITEMS TO BRING:

- 1. PICTURE: FOR NEWSPAPER AND/OR HAIRDRESSER (<u>can be emailed to us if necessary, our address: massie@RobertMassie.com</u>) (please use .JPEG i.e. "name.jpeg" format for emailing of photo. Need help contact us.)
- 2. DD-214 (Military Honorable Discharge Papers)
- 3. CLOTHING (<u>Please also include all under clothing necessary</u>)
- 4. IF DESIRED: GLASSES, JEWERLY & ETC. (Please indicate to us if you wish items to remain or be returned to family.)
- 5. IF POSSIBLE AN IDEA OF HOW MANY DEATH CERTIFICATES YOUR FAMILY MAY NEED. # (some typical examples maybe: Real Estate, Banking Transactions, probation of a will and any insurance to be filed.)
- 6. BURIAL INSURANCE POLICIES OR ANY OTHER POLICIES THAT WE MAY HELP YOU WITH.