

BIOGRAPHICAL INFORMATION



FULL LEGAL NAME: _____ AGE: _____

ADDRESS: _____

CITY, STATE, & ZIP: _____

INSIDE CITY LIMITS ☐ OUTSIDE CITY LIMITS ☐ COUNTY: _____

DEATH DATE: _____ TIME: _____ PLACE: _____

DOCTOR'S NAME: _____ SSN: _____

BIRTH DATE: _____ PLACE: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

MARRIAGE (MARRIED ☐ WIDOWED ☐ DIVORCED ☐)

| | | | |
|------------------------------------|-----------------------|------------------------|---------------------------------|
| _____ SPOUSE'S FULL MAIDEN NAME | _____ DATE MARRIED | _____ WHERE MARRIED | _____ DATE OF SPOUSE'S DEATH |
|------------------------------------|-----------------------|------------------------|---------------------------------|

| | | | |
|------------------------------------|-----------------------|------------------------|---------------------------------|
| _____ SPOUSE'S FULL MAIDEN NAME | _____ DATE MARRIED | _____ WHERE MARRIED | _____ DATE OF SPOUSE'S DEATH |
|------------------------------------|-----------------------|------------------------|---------------------------------|

A LIFELONG RESIDENT OF: _____

EDUCATION

HIGH SCHOOL: _____ YEAR COMPLETED: _____

COLLEGE: _____ YEAR COMPLETED: _____

COLLEGE: _____ YEAR COMPLETED: _____

VETERAN NO ☐ YES ☐ (*Please bring in discharge papers*)

BRANCH OF SERVICE: _____ RANK: _____

WAR OR CONFLICT: _____ SERVICE INFORMATION: _____

EMPLOYMENT HISTORY

PLACE OF EMPLOYMENT: _____

POSITION: _____ DURATION/RETIREMENT DATE: _____

OTHER EMPLOYMENT: (*Include duration of time or dates*) _____

PERSONALIZATION: *(Tell us about your loved one)*

FAVORITE COLOR: _____ FAVORITE SONG: _____

HOBBIES, PASSIONS & INTERESTS: _____

FAVORITE PLACES TO TRAVEL OR SPEND TIME: _____

QUOTES OR VERSES: _____

ORGANIZATIONS & MEMBERSHIPS: _____

FAVORITE MEMORIES: _____

CHECKLIST OF ITEMS TO BRING TO THE FUNERAL HOME:

After the death of a loved one, it is helpful to have the following items ready for your first arrangement meeting with our directors.

- ☐ CLOTHING FOR YOUR LOVED ONE TO WEAR
(Include undergarments. Something with long sleeves and a high neck is recommended.)
- ☐ PICTURE TO ACCOMPANY THE OBITUARY
- ☐ DISCHARGE PAPERS *(for Veterans only)*
- ☐ THIS COMPLETED BIOGRAPHICAL INFORMATION SHEET
- ☐ APPROXIMATELY 30 PHOTOGRAPHS *(Your loved one at all ages and stages of life.)*

NEXT OF KIN: (To be listed on death certificates and social security)

NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

FAMILY MEMBERS: (To be listed in obituary)

| CHILDREN'S NAME | SPOUSE | CITY/STATE | PHONE |
|-----------------|--------|------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| SIBLINGS NAME | SPOUSE | CITY/STATE | PHONE |
|---------------|--------|------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| GRANDCHILDREN (# _____) | GREAT-GRANDCHILDREN (# _____) | GREAT-GREAT-GRANDCHILDREN (# _____) |
|-------------------------|-------------------------------|-------------------------------------|
| NAME | NAME | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |

FAMILY MEMBERS PRECEDED IN DEATH:

| NAME | DATE OF DEATH | NAME | DATE OF DEATH |
|-------|---------------|-------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SERVICES:

TIME, DATE & PLACE OF SERVICE: _____

TIME, DATE & PLACE OF VISITATION: _____

OFFICIANT: _____

CEMETERY OR CREMATION SITE: _____

SPECIAL SERVICES (ROSARY, MASONIC SERVICE, ETC.): _____

MILITARY HONORS: (YES ☐ NO ☐) _____

VA HEADSTONE: (YES ☐ NO ☐) STYLE: _____

MEMORIAL CONTRIBUTIONS: _____

SERVICE DETAILS:

ORGANIST: _____

PALLBEARERS:

VOCALIST: _____

SONGS: _____

FLOWERS: _____

OBITUARY: NT _____ INC. _____

HAIRDRESSER: _____

PICTURE: (YES ☐ NO ☐)

JEWELRY: _____

OUT OF TOWN MEDIA: _____

DEATH CERTIFICATES: # _____

PERMISSION TO EMBALM TIME: _____ DATE: _____, 20____

AUTHORIZATION TO EMBALM AND PREPARE HUMAN REMAINS FOR FINAL DISPOSITION

Authorization is hereby granted to Freeman Mortuary, or the bearer mortuary, including its agents, to embalm, care for, and prepare for final disposition, in accordance with customary professional practice, the body of: _____.

The undersigned hereby represents that he/she, or they, have the legal right to control disposition of said decedent:

_____ Relationship: _____

_____ Relationship: _____

Arranging Funeral Director: _____



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