
PERSONAL

Name: _____
Street address: _____
City, State, ZIP: _____
Birthplace: _____
Date of birth: _____ Sex _____

EDUCATION

High School _____ Year graduated _____
College _____
Year Graduated _____ Degree _____

FAMILY

Marriage status: ☐ Married ☐ Widowed ☐ Divorced ☐ Single
Place of marriage: _____ Date: _____
Father's name: _____ Place of birth _____
Mother's name: _____ Place of birth _____
Wife's maiden name: _____
Spouse's fathers name: _____ Place of birth _____
Spouse's mothers name: _____ Place of birth _____

EMPLOYMENT

Civilian employment:

Most recent employer: _____
Location: _____
Years worked: From _____ to _____
Current/last title: _____
How long in position: _____
Previous employer: _____
Years worked: From _____ to _____

Military service:

Entered service what year: _____ Where: _____
Left service what year: _____ Where: _____
Last rank held: _____ Total years served: _____

(Please return the original to the funeral home you are prearranging with)