



# FITTING TRIBUTE FUNERAL SERVICES

## Biographical Questionnaire

Please complete this worksheet before your arrangement meeting. It will be helpful to your funeral director in completing your loved one's death certificate & other paperwork.

Decedent's full name (first, middle, last): \_\_\_\_\_

Social security number: \_\_\_\_\_ Was your loved one ever in the US Armed Forces? \_\_\_\_\_

Birth date: \_\_\_\_\_

Birthplace (city, county, state): \_\_\_\_\_

Education completed: \_\_\_\_\_

Race or ethnicity: \_\_\_\_\_

If Hispanic, please specify: \_\_\_\_\_

Decedent's home address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is this address inside the city limits?      Yes      No      Unsure

Approximate length of time at this address: \_\_\_\_\_

Marital status (if single, specify never married, divorced, or widowed): \_\_\_\_\_

Surviving spouse's name (if applicable): \_\_\_\_\_

Surviving spouse's maiden name (if applicable): \_\_\_\_\_

Occupation during working life: \_\_\_\_\_

Kind of business/industry: \_\_\_\_\_

Father's name (first, middle, last): \_\_\_\_\_

Mother's name (first, middle, **maiden** last): \_\_\_\_\_

Name of person providing information: \_\_\_\_\_

Informant's relationship to decedent: \_\_\_\_\_

Informant's mailing address: \_\_\_\_\_

Place of death: \_\_\_\_\_

Our wishes are for:              Viewing              Burial              Cremation