

PERSONAL INFORMATION REGISTER

NAME

SHORTS FUNERAL CHAPEL 1225 EAST 6TH STREET MOSCOW, ID 83843 (208) 882- 4534

PERSONAL INFORMATION RECORD

LAST NAME	FIRST	MIDDLE	MAIDEN
NICKNAME			
SOCIAL SECURITY NUMBER		OF BIRTH	PLACE OF BIRTH
ADDRESS			
CITY	COUNTY/PROVI	NCE STA	TE ZIP CODE
MARITAL STATUS	SPOUSES NAME	PLACE OF MARRIAGE	DATE OF MARRIAGE
FATHERS NAME		PLACE OF	BIRTH (STATE/COUNTRY)
MOTHERS FULL MAIDEN NAME		PLACE OF	F BIRTH (STATE/COUNTRY)
HIGHEST EDUCATION LE	VEL COMPLETED		
OCCUPATION (MOST OF V	WORKING YEARS)		EMPLOYER/INDUSTRY
VETERAN	BRANCH	DATE ENTERED	DATE DISCHARGED
ORGANIZATIONS			RELIGIOUS PREFERENCE
FAMILY MEMBER	A.S		
CHILDREN	GRANDCHILDREN	BROTHERS	SISTERS
	GRANDCHILDREN	DROTHERS	SISTERS
SURVIVED BY			

PRECEDED BY		
SERVICE INFORMATION		
□ BURIAL □ CREMATION		
FUNERAL SERVICE CHAPEL/CHURCH	VISITATION	ROSARY
CLERGY		
PASSAGES/VERSES		
SONGS/HYMNS		
CEMETERY	CEMETERY PLOTS SELECTI	ED? □YES □ NO
NEWSPAPERS FOR OBITUARIES		
FLAG □ DRAPED □ FOLDED		
JEWELRY □ LEFT ON □ RETURNED TO FAMILY		
CASKET □OPEN AT SERVICE □ CLOSED AT SERVICE		
GROUPS/SOCIETIES REQUESTED TO BE PRESENT AT SERVICE		
OBITUARY INFORMATION/ADDITIONAL	COMMENTS	

FUNERAL COST ESTIMATE	
PROFESSIONAL SERVICES	<u>\$</u>
CASKET/CONTAINER	\$
OUTER BURIAL CONTAINER	\$
OTHER MERCHANDISE	<u>\$</u>
CASH ADVANCE ITEMS	<u>\$</u>
	\$
·	\$
TOTAL FUNEDAL COST ESTIMATE	\$
TOTAL FUNERAL COST ESTIMATE	\$

TO MY LOVED ONES

My wish for my loved ones is to spare them the anxiety, expense, and inconvenience at the time of my death.

This form was completed to give you the information needed so that you may know my final wishes.

I hope these arrangements are satisfactory and they help you keep a warm memory of the wonderful years we had together.

SIGNED	DATE