



BEREAVEMENT INFORMATION FORM

NAME OF DECEASED	(LAST)	(FIRST)	(MI)
DATE OF BIRTH	DATE	LOCATION	
DATE OF DEATH	DATE	LOCATION	
PARENT'S NAMES	FATHER		
	MOTHER (INCLUDE MAIDEN NAME)		
MARITAL INFO	DATE	LOCATION	
	SPOUSE <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED (IF SO, WHAT YEAR?)		
NAME(S) OF CHILDREN	(1)	(2)	
	(3)	(4)	
	(5)	(6)	
EDUCATION	PUBLIC		YEARS
	COLLEGE		YEARS
	OTHER		YEARS
PLACE OF BAPTISM	CHURCH	LOCATION	YEAR
EMPLOYMENT INFO	OCCUPATION	EMPLOYER	YEARS
	OCCUPATION	EMPLOYER	YEARS
	OCCUPATION	EMPLOYER	YEARS
DISABILITY/ RETIREMENT	DATE	LOCATION	
VETERAN INFO	BRANCH OF SERVICE		DATE DISCHARGED
COMMUNITY SERVICE / AFFILIATIONS	(1)	(2)	
	(3)	(4)	
CHURCH MEMBERSHIP	<input type="checkbox"/> NONE <input type="checkbox"/> EBC <input type="checkbox"/> OTHER (NAME)		

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