

## CALL INFORMATION

DIRECTOR \_\_\_\_\_

**FIRST NAME** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_ **LAST** \_\_\_\_\_

**NAME AT BIRTH(OR OTHER NAME USED)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **COUNTY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

AGE \_\_\_\_\_ **DOB** \_\_\_\_\_ DOD \_\_\_\_\_ TIME \_\_\_\_\_ am/pm M.E. Y N POST Y N

PLACE OF DEATH \_\_\_\_\_ COUNTY \_\_\_\_\_ CITY/TWP \_\_\_\_\_

**PLACE OF BIRTH** \_\_\_\_\_ **CITIZEN** \_\_\_\_\_

**ANCESTRY** \_\_\_\_\_ **RACE** \_\_\_\_\_ **HISPANIC ORGIN** \_\_\_\_\_

**EDUCATION** \_\_\_\_\_ **SS #** \_\_\_\_\_

**MARRIED** \_\_\_\_\_ **NEVER MARRIED** \_\_\_\_\_ **WIDOWED** \_\_\_\_\_ **DIVORCE** \_\_\_\_\_

**SPOUSE'S MAIDEN NAME** \_\_\_\_\_ **IF DEC'D (WHEN)** \_\_\_\_\_

**FATHER** \_\_\_\_\_ **MOTHER (MAIDEN)** \_\_\_\_\_

**OCCUPATION** \_\_\_\_\_ **COMPANY/BUSINESS** \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ CAUSE OF DEATH \_\_\_\_\_

**INFORMANT** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

\_\_\_\_\_ **CELL** \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE, HOUR & **PLACE OF SERVICE** \_\_\_\_\_

**MINISTER(S)** \_\_\_\_\_

**VISITING** \_\_\_\_\_

DATE, HOUR & **PLACE OF GRAVESIDE** \_\_\_\_\_

**MEMORIAL CONTRIBUTIONS** \_\_\_\_\_

**VETERAN Y N** \_\_\_\_\_ **WHEN** \_\_\_\_\_ **BRANCH** \_\_\_\_\_ **FLAG/A SERVICE** \_\_\_\_\_

**DD 214 Y N** \_\_\_\_\_ C. # \_\_\_\_\_

**PAPER INFO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OBIT TO RUN IN**

LEGACY.COM Y N

**SURVIVORS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEET BEFORE Y N WHERE \_\_\_\_\_ WHO \_\_\_\_\_

VIEW Y N FRONT/BACK BEFORE/AFTER LEAVE IN BACK/BRING TO FRONT  
BEFORE/AFTER FAMILY IS SEATED

REMOVE JEWELRY Y N WHAT \_\_\_\_\_ GLASSES Y N SAVE/LIONS

**VOCALIST**

**ORGANIST**

CUSTODIAN \_\_\_\_\_ SOUND TECH \_\_\_\_\_

**MUSIC SELECTIONS**

\_\_\_\_\_  
\_\_\_\_\_

**GRAVESIDE Y N** COMMITTAL @ \_\_\_\_\_ PROCESSION Y N

BURIAL DATE \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_ GRAVE \_\_\_\_\_

**BEARERS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SERVICE FOLDER \_\_\_\_\_ # \_\_\_\_\_ VERSE \_\_\_\_\_

THANK YOUS \_\_\_\_\_ # \_\_\_\_\_ REGISTER BOOK \_\_\_\_\_

VIDEO TRIBUTE Y N # OF PHOTOS \_\_\_\_\_ PLAY WHEN \_\_\_\_\_

CASKET/URN \_\_\_\_\_ VAULT \_\_\_\_\_ HAIRDRESSER \_\_\_\_\_

FLOWERS \_\_\_\_\_ PICTURE \_\_\_\_\_