

BIOGRAPHICAL INFORMATION



BIRTHPLACE_____

VETERAN YES ☐ NO ☐ WAR _____ USE FLAG? _____

OCCUPATION_____

KIND OF BUSINESS OR INDUSTRY_____

MEMBER _____ CHURCH

MEMBER CIVIC CLUBS, FRATERNAL ORGANIZATIONS, ETC.

SPECIAL INSTRUCTIONS_____

YOU MAY WANT TO CONSIDER BRINGING THE FOLLOWING ITEMS WITH YOU
TO THE FUNERAL HOME IF THEY ARE NOT ALREADY ON FILE: CLOTHES, V.A.
DISCHARGE PAPERS, INSURANCE POLICIES AND/OR CEMETERY DEEDS

825 N. MAIN STREET
TUSCUMBIA, ALABAMA
(256) 383-7311

10865 HWY. 72
CHEROKEE, ALABAMA
(256) 359-4033

12081 HWY. 20
FLORENCE, ALABAMA
(256) 766-2001

PLACE OF FUNERAL_____

IF CHURCH SERVICE, IS BODY TO LIE IN STATE? _____ TIME _____

It will be of great assistance to us if we may confer with you before the hour is announced for funeral service.

MINISTER_____

DATE _____ TIME _____

CEMETERY_____

PALLBEARERS_____

FUNERAL RECORD OF

FULL NAME _____ AGE _____

RES. ADDRESS _____

SOC. SECURITY NO. _____

DATE OF DEATH _____ HOUR _____

HOW LONG ILL _____

PLACE OF DEATH _____

NEVER MARRIED _____ MARRIED _____ WIDOWED _____ DIVORCED _____

SURVIVING SPOUSE _____

(If wife, give maiden name)

BIRTH DATE OF DECEASED _____

MOTHER'S NAME _____

(INCLUDE MAIDEN NAME)

FATHER'S NAME _____

DECEDENT'S EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED

ELEMENTARY - SECONDARY (CIRCLE) / COLLEGE (CIRCLE)

1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5+

INFORMANT _____

ADDRESS _____

PHYSICIAN _____

ADDRESS _____

FAMILY PHONE NO. _____

**Please be as specific as possible. This information is required by the
State Bureau of Vital Statistics.**

SURVIVORS - (Please state city of residence)

WIFE _____

HUSBAND _____

MOTHER _____

FATHER _____

SONS _____

DAUGHTERS _____

BROTHERS _____

SISTERS _____

NO. OF GRANDCHILDREN _____