

# STATISTICS RECORD

Name _____	SSN# _____				
Street _____ City _____ State _____	Zip Code _____				
Phone _____ County _____ Birthdate _____	Birthplace _____				
Father's Name _____	Birthplace _____				
Mother's Maiden Name _____	Birthplace _____				
Marital Status _____					
<table border="1"><tr><td>M</td><td>D</td><td>S</td><td>W</td></tr></table> _____	M	D	S	W	To _____ Date _____ Place _____ Death Date _____
M	D	S	W		
Doctor's Name _____	Address _____ Date _____ Place _____ Death Date _____				

## PERSONAL HISTORY

Occupation _____	Employer _____
Position Held _____	How Long _____ Retired _____
Resident Cities Years _____	
Education _____	
Military: War _____	Rate or Rank _____
Enlistment Date and Place _____	
Discharge Date and Place _____	
Service Number _____	
Lodges, Memberships, Church & Public Office Held _____	
General Biography for Media and Funeral Services Folders _____	
Newspaper: The funeral home will notify the local newspaper.	
Other: _____	
Picture enclosed: Yes _____	No _____