

PERSONAL INFORMATION

Name: First _____ Middle _____ Last _____

Street _____ City _____ State _____ ZIP _____

Marital Status: Married Never Married Widowed Divorced

Phone: _____ / _____ Email: _____

Date of Birth: _____ State & City of Birth: _____

Length of Residence in current city: _____

Other Places of Residence and Years: _____

Race: _____ Hispanic Specify: _____ Asian Specify: _____

Education: 8th grade or less 9th-12th No Diploma High School GED College no degree
 Associate Bachelor's Master's Doctorate Unknown

Spouse's Name: First _____ Middle _____ Maiden _____

Father's Name: First _____ Middle _____ Last _____

Mother's Name: First _____ Middle _____ Maiden _____

Social Security Number: _____ - _____ - _____ Photo copy of card: Yes No

Veteran: Yes No Branch of Service: _____ DD214: Yes No

Occupation (for most of working life): _____

Memberships: (Churches, Clubs, Lodges, Etc.) _____

Immediate Survivors: Spouse, Children, Parents, Brothers, Sisters, Grandparents * denotes informant

Name	Relationship	Phone	City & State

Preceded in Death by: _____

Number of Grandchildren: _____ Number of Great-Grandchildren: _____

(Please turn over for more information)

MEMORIAL SERVICE INFORMATION

Traditional Services: _____
(Please indicate the order of services...i.e. Visitation/Service/Burial or Same Day Visitation/Service)

Cremation Services: _____
(Please indicate the order of services...i.e. Immediate Cremation followed by Memorial Service)

Place of Service: _____
(Church; funeral home; other)

Public Visitation: Yes No Location of Visitation: _____

Hamilton's Arrangement Site Preferred: ST WT HFH HnHMG AFH MFH

Officiating/Minister: _____

Church: _____

Music Desired: _____

Pallbearers (Regular): _____

Pallbearers (Honorary): _____

Memorial Contributions: _____

Other Requests/Special Information: _____

Insurance Policies to be applied to funeral expenses:

Company: _____ Policy No.: _____

Company: _____ Policy No.: _____

Disposition Information

Ground Burial Iowa Veterans Cemetery Preapproval Yes No

Cemetery: _____ City: _____ State: _____

Grave Description: Lot _____ Block _____ Section _____ Grave _____

Cremation: Yes No

Cremated Remains: Scattered Buried Returned to family Inurnment

Body Donation: Des Moines University (Osteopathic) University of Iowa Other

Body Donation Preapproval Yes No

DO NOT place in safe deposit box as this information needs to be immediately accessible at the time of death

