



We at Morrison Funeral Home realize a family is not always able to remember all the facts at the time of death of a loved one. The more complete this information is, the less difficult it will be for the survivors at the time of death. This may be revised at any time and is always reviewed at the time of death.

This information will be used at the time of death to complete the death certificate and as a basis for the obituary and other memorialization.

Date Completed	
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Legal Name	
Nick Name (if used)	

Address	Street	
	Mailing Address (if different)	
	City	
	State	
	Zip	
	Township name	

Telephone number	
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Email address	
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Sex	Female / Male (circle one)
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Race	
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Marital Status	never married / married / divorced / widowed (circle one)
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Veteran	Yes / No (circle one)	
	Branch of Service	
	Service Number	
	Date of Entry	
	Date of Discharge	

Social Security Number	
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Birth	Date	
	Place	

Education (highest level completed)	Grade 0-12	
	College (# of yrs)	
	Degree(s) earned	

Employment	Occupation	
	Employer	
	Number of years	
	Date of retirement	

Church membership	
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Other memberships (service clubs, fraternal organizations, etc.)	

Interests/hobbies	

Noteworthy achievements	

Father	Name	
	Living	Yes / No (circle one)

Mother	Name	
	Maiden Name	
	Living	Yes / No (circle one)

Spouse	Name	
	Maiden Name (if wife)	
	Date of Marriage	
	Date of Spouse's Death (if preceded)	

Surviving Sons	Name	
	Place of Residence	
	Name	
	Place of Residence	
	Name	
	Place of Residence	
	Name	
	Place of Residence	
	Name	

Surviving Daughters	Name	
	Place of Residence	
	Name	
	Place of Residence	
	Name	
	Place of Residence	
	Name	
	Place of Residence	
	Name	

Surviving Brothers	Name	
	Place of Residence	
	Name	
	Place of Residence	
	Name	
	Place of Residence	
	Name	
	Place of Residence	
	Name	

Surviving Sisters	Name	
	Place of Residence	
	Name	
	Place of Residence	
	Name	
	Place of Residence	
	Name	
	Place of Residence	
	Name	

Number of Grandchildren	
Number of Great Grandchildren	

Preceded in death by	Name	
	Relationship	
	Name	
	Relationship	
	Name	
	Relationship	
	Name	
	Relationship	
	Name	
	Relationship	

Cemetery	Name	
	Location	
	Lot Description	

Funeral Desires	Visitation	Yes / No (circle one)
	Type of Service	Traditional / Memorial (circle one)
	Location of Service	Funeral home / Church / Other (circle one)
	Special wishes regarding the service	
	Special wishes regarding memorials	

Thank you for filling out this form. We would be pleased to keep a copy of this on file at Morrison Funeral Home, 110 Petroleum St, PO Box 836, Oil City PA 16301.

You may E-mail a copy of this to us at: morrisonmd@morrisonhome.

FAX at (814) 676-6526

Voice (814) 677-4000