

Alternative Funeral & Cremation Services

Personal Information Worksheet

Please Print

Name: _____
(First) (Middle) (Last)

Address: _____ Phone Number: _____
(Street)

(City) (State/Zip) (County)

Is this address located within the City Limits? Yes No Number of years at this address: _____

Personal Information:

Social Security Number: _____ - _____ - _____ Sex: M F Race _____ Hispanic Origin

Date of Birth: _____ City / State of Birth: _____

Father's Name: _____ Living Deceased
(First) (Middle) (Last)

Mother's Name: _____ Living Deceased
(First) (Middle) (Last) (Maiden)

Education (Please specify highest grade completed): _____

Marital Status: Married Never Married Widowed Divorced

Name of Spouse: _____
(First) (Middle) (Last) (Maiden)

Date and Place of Marriage: _____

Employment Status:

Name of Employer: _____

(Please list type of work done during most of working life. Do not use retired.)

Usual Occupation: _____ Type of Business / Industry: _____

Number of Years with Employer: _____ Retired? Yes No Year: _____

Military Information:

Veteran? Yes No Branch of Service: _____ Rank: _____

Service Number: _____ Date of Enlistment: _____ Date of Discharge: _____

Name of Closest Relative: _____ Relationship: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____ Email Address: _____

Biographical Information:

Length of time living in this area: _____ Previous Location: _____

Church / Synagogue Affiliation: _____ Member Attended

Clubs, Organizations, Other Information: _____

Medical Information:

Name of Primary Physician: _____ Phone Number: _____

Address: _____
(Street) (Suite #) (City) (State) (Zip Code)

Family Record:

Children (Usually listed in order of age):

(Name)	(Name of Spouse)	(City / State of Residence)

Brothers / Sisters:

(Name)	(City / State of Residence)

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

Please take a moment to tell us how you heard about Alternative Funeral & Cremation Services:

Please return to:
Alternative Funeral & Cremation Services
2115 Parkway Dr.
St. Peters, MO 63376
Or by E-Mail: AlternativeFuneral@sbcglobal.net