

# VITAL STATISTICS RECORD

Please fill in this information prior to Arrangement Conference.

Full Name of Deceased \_\_\_\_\_ Age \_\_\_\_\_

Late Residence \_\_\_\_\_

Birthplace: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Birthdate \_\_\_\_\_ How long resident of city? \_\_\_\_\_

Other places lived \_\_\_\_\_

Married \_\_\_ Yes \_\_\_ No Where \_\_\_\_\_ When \_\_\_\_\_

Spouse's name \_\_\_\_\_

Education of Deceased \_\_\_\_\_

Occupation \_\_\_\_\_

Where employed \_\_\_\_\_

How long \_\_\_\_\_ Social Security # \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Armed Forces \_\_\_\_\_

Lodge, Service Clubs, Organizations, Hobbies

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Sons, Daughters and Address

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Sisters, Brothers and Address

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Father's Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Grandchildren \_\_\_\_\_

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**Greatgrandchildren** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cemetery Information** \_\_\_\_\_  
**Memorials To** \_\_\_\_\_  
**Doctor's Name** \_\_\_\_\_

**Additional Information**  
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**Davidson Funeral Home**

121 North Union Street  
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Fax (765) 564-2209

[www.davidsonfh.com](http://www.davidsonfh.com)