

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ Place of Birth (City and State) \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
(If Wife include Maiden Name)

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Occupation \_\_\_\_\_

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

**Education**

High School Name \_\_\_\_\_ City, State \_\_\_\_\_ High School Year Graduated or Number of Years Completed \_\_\_\_\_

College Name \_\_\_\_\_ City, State \_\_\_\_\_ College Year Graduated or Number of Years Completed \_\_\_\_\_

**Special Interests**

Military Service Branch \_\_\_\_\_ Military Service Dates \_\_\_\_\_

Fraternal, Service, and Union Memberships \_\_\_\_\_ Special Recognitions \_\_\_\_\_

Hobbies \_\_\_\_\_ Clubs \_\_\_\_\_

**Funeral Arrangements**

Funeral Home \_\_\_\_\_ Location Preferred for Service \_\_\_\_\_

Clergy Person \_\_\_\_\_ Clergy Phone Number \_\_\_\_\_ Clergy Person \_\_\_\_\_ Clergy Phone Number \_\_\_\_\_

Military Services Desired \_\_\_\_\_ Fraternal Services Desired \_\_\_\_\_ Music Desired \_\_\_\_\_ Flowers \_\_\_\_\_

Cemetery Name \_\_\_\_\_ Cemetery Address \_\_\_\_\_ Cemetery City, State \_\_\_\_\_ Cemetery Phone Number \_\_\_\_\_

Memorial Contributions \_\_\_\_\_

**Authorization**

I, \_\_\_\_\_, do hereby certify and acknowledge that the information recorded herein was personally given to \_\_\_\_\_ representing Soller-Baker Funeral Homes, Inc.

Authorized by \_\_\_\_\_ Date \_\_\_\_\_

Soller-Baker Representative \_\_\_\_\_ Date \_\_\_\_\_

**Living Children**

Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____

**Living Brothers and Sisters**

Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____
Name	Spouse	City, State, Zip	Phone
_____	_____	_____	_____

Preceded in  
Death By

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Grandchildren

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Great-  
Grandchildren

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Great-Great  
Grandchildren

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Other Pertinent  
Information

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Special  
Instructions

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