Davis Funeral Home

INFORMATION FOR DEATH CERTIFICATE & OBITUARY NOTICE PRE-ARRANGMENT

Phone 307-856-3217 Fax 307-856-0829

Nickname	
Full Name	
Residence	In City Limits: Yes No
Mailing Address	
City and State	
Date of Birth	Age: Yrs Mos Days
Place of Birth	
Father's Full Name	_Living
Mother's Full Name (including maiden)	Living
Hispanic: Yes No	
Race Sex Married Never Married	ried Widowed Divorced
Usual Occupation	
Business or Industry	
Education: Elementary (0-12) College	e (Degree)
Social Security No	
Husband /Wife (including maiden)	Living
If Veteran, Name of War	
Informant	Relationship
Mailing Address	
City, State and Zip	Phone
No. of Certified Copies of D.C	

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Date Married	_ Place
Church	
Religious Activities	
Civic Activities, Clubs or Fraternal Orders	
Personal Notes (Interests, Hobbies, etc.)	
Work History	
,	
Length of stay in the community and places	lived
Schools and other data	

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SURVIVORS

Spouse	C'. 0 C
Name	City & State
Sons	
Sons	
Daughters	
Daughters	
Grandchildren, No	Gr.Grandchildren, NoGr.Gr.Grandchildren, No
1	
Brothers	
Sisters	
Preceded in death by:	

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Thank You Card No Memorial Book		rial Fol	lers Verse
Music			
Organist		\$	Soloist
Pall Bearers			Honorary Pall Bearers
			
		_	
		_	
		_	
		_	
Funeral/Memorial Service	es at		
Time:	Day		Date
Officiating			
Rosary	,	Гime	Day
Viewing		Time	Day
Cemetery Name			
			Grave
Committal Rites			Military Papers
Memorials to:			
Notes:			
Family Email Address: _			
Obituary to: Riverton/La	nder papers		Photo Clothing
Other Newspapers			