

## Shives Funeral Home Information Sheet

Full Legal Name \_\_\_\_\_  Male  Female

Residence \_\_\_\_\_  
Street City Zip County

Residence Inside City Limits?  Yes  No Phone #'s: \_\_\_\_\_

Current Marital Status:  Married  Never Married  Widowed  Divorced

Full Name of Husband/Wife \_\_\_\_\_

If wife, please give maiden name: \_\_\_\_\_

Number of Death Certificates needed: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Race: \_\_\_\_\_

Of Hispanic or Native American decent? Yes No If yes, specify: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Name of Father \_\_\_\_\_

Living  Deceased

Full Name of Mother (including maiden name) \_\_\_\_\_

Living  Deceased

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Veteran of the Armed Services? Yes No War service: \_\_\_\_\_

Branch(es) of Service \_\_\_\_\_ Highest Rank Attained: \_\_\_\_\_

Service Number (if applicable) \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

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Occupation during most of their working life: \_\_\_\_\_

In what type of business or industry: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Which schools attended: \_\_\_\_\_

Would you like to include any scholastic achievements in your obituary: \_\_\_\_\_

Location of funeral service: \_\_\_\_\_

Name of cemetery: \_\_\_\_\_

