

McCree & Harra

FUNERAL HOMES and CREMATORY, Inc.

FUNERAL SERVICE RECORD

INVOICE NO. _____

RWH

NO. _____

Pre-Arranged Ins. _____ Flag No

Assignment _____

Name _____

Date of Death _____ (Give full name of deceased) Hour _____ M.

Place of Death _____ (If death occurred in hospital or institution, give its name) (Length of stay)

Nursing Home Residence Other Inpatient ER/Out Patient DOA

Residence No. _____ (Street) _____ (Town or City and State) _____ (Zip) Yes No
City Limits

_____ (Development) Age _____ Date of Birth _____

Birthplace _____ (City or Town) _____ (State or county--if foreign born how long in U.S.A.?)

Sex _____ Color or Race _____ Marital Status _____

If Married or Widowed, Husband of (or) Wife of _____ Most Recent Spouse Living Deceased
If Wife, Give Maiden Name

Father's Name _____ Mother's Maiden Name _____

Deceased's Occupation _____ Place of Emp. _____

Social Security No. _____ Sent In or Retired From _____

If Veteran, Name War _____

Address _____

Was Decendant of Hispanic Origin? Yes No
Specify (Cuban, Mexican, Puerto Rican, etc.)

Decedent's Education (Specify only highest grade completed)	
Elementary/ Secondary (0-12)	Degree Completed

Anatomical Gift Consent Granted Not Granted Obituary By _____ DVD _____

Informant _____ e-mail _____

Relationship _____ Place of Employment _____

Address _____ Address _____

Phone Home _____ Phone Work _____

Place of Services _____

Date of Services _____ Time _____

Place of Interment _____ Ordered by RWH

In Lieu of Flowers _____ Viewing _____

Vault _____ Ordered by _____ Cards _____ Verse _____

Lot No. _____ Section or Block No. _____ Grave No. _____

Lot Owner _____

Services to be Conducted by Rev. _____ (First) (Last)

Music _____ Family In _____

Special Instructions _____

Children-

Brothers-

Sisters

Grandchildren-

Great Grandchildren-

Organizations
