

Gholar and Gholar Funeral Service

Historical Record

Name _____
Address _____
City _____ County _____ State _____
Zip Code _____ Phone _____
Birth Date _____ Age _____
Birth Place City _____ County _____
Education _____
Occupation (previous if retired) _____
Employer (or retired from) _____
Marital Status: Single ___ Married ___ Widowed ___ Divorced ___
Spouse Name _____
Maiden Name _____
Date of Marriage _____ Place of Marriage _____
In State Since _____ In City Since _____
Moved From _____
Social Security Number _____
Name of Father _____
Date of Decedent _____ Birthplace (City) _____ St _____

Veteran Information

Name of War _____ Service Number _____
Branch of Service _____
Place Inducted _____ Date _____
Place Discharged _____ Date _____
Rank/Rate when Discharged _____
Discharge Papers Located _____
Flag to Drape casket yes _____ No _____

Personal Wishes and Desires

This information Families never discuss-especially the children. Yet, if something had happened to you last night, these are the questions your Funeral Director would be asking your family today.

Would you prefer your service to be held:
___ at a funeral home ___ at the church/synagogue ___ Other
What is the name of your church? _____
Who's your favorite minister, priests, rabbi? _____
Are there any readings or scriptures that are special to you?

Many people have favorite songs or hymn. What's Yours?

Some Families prefer a memorial donation instead of flowers. what is your feeling?
___ Memorial donations ___ Flowers ___ Both

What clothing would you prefer? _____

Would you like to wear jewelry? Yes ___ No ___

To be removed? Yes ___ No ___

Would you like to wear your eyeglasses? Yes ___ No ___

Do you have cemetery property? Yes ___ No ___

Name and location of Cemetery-Bldg./Lot# Crypt? Niche/Space#

Most families prefer to have friends, neighbors, or relatives serve as pallbearers. Who would you prefer?

Active Pallbearers	Honorary Pallbearers
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

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Names of Children

Brothers & Sisters

Name _____
Address _____ Phone _____
Name _____
Address _____ Phone _____
Name _____
Address _____ Phone _____
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Name _____
Address _____ Phone _____

Circle of Friends

This is where we list your closet friends in the event your family needs help at the time of need by:

·Notifying friends	·Handling sympathetic phone calls	·Running errands	·Helping out of town guests
Name		Address	Phone Number
1. _____			
2. _____			
3. _____			

For the purpose of relieving my family in the event of need, the preceding arrangements are my personal wishes and desires.

Signature

Date

Counselor's Signature and Number