

Chapel of the Resurrection Funeral Home

16300 – 112TH Avenue NE, Bothell, WA 98011, 425-939-1332

(This original and copies should be kept in a secure, yet accessible location)

VITAL INFORMATION

1. Legal Name (include AKA's)		First	Middle	LAST	Suffix	Phone
3. Sex (M/F)		-----	-----	5. Social Security Number		
7. Birthdate	8a. Birthplace (city, town or county)		8b. State or Foreign Country	9. Education		
10. Of Hispanic Origin? If yes, specify.			11. Race		12. Were you ever in U.S. Armed Forces?	
13a. Residence: Number and Street (include Apt. #)					13b. City or Town	
13c. County	13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.		15. Marital Status		16. Spouse's Name (Give name prior to first marriage)		
17. Usual Occupation (Indicate type of work done during most of working life, NOT RETIRED)				18. Kind of Business/Industry (Do not use Company Name)		
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)		

Children's and/or Relative's Names, Relationship, City/State	

FUNERAL PREFERENCES & DESIGNATION

Place of Service		Officiating Clergy
Favorite Scripture		Favorite Flowers
Songs, Poems, etc.		Newspaper Notices
Clothing/Eye Glasses/Jewelry		Burial Property Location
Funeral/Burial Pre-Arrangement Information	Special Requests	
Type of Casket/Urn		

I hereby designate the Chapel of the Resurrection Funeral Home to direct these funeral arrangements as outlined in this document:

Signature (Self)

Date

Witness

Date