

A Sacred Moment Biographical Questionnaire

Please complete this worksheet before your arrangement meeting. It will be helpful to your funeral director in completing your loved one's death certificate & other paperwork.

Decedent's full name (first, middle, last): _____

Social security number: _____ Was your loved one ever in the US Armed Forces? _____

Birth date: _____

Birthplace (city, county, state): _____

Education completed: _____

Race or ethnicity: _____

If Hispanic, please specify: _____

Decedent's home address: _____ Zip Code: _____

Is this address inside the city limits? Yes No Unsure

Approximate length of time at this address: _____

Marital status (if single, specify never married, divorced, or widowed): _____

Surviving spouse's name (if applicable): _____

Surviving spouse's maiden name (if applicable): _____

Occupation during working life: _____

Kind of business/industry: _____

Father's name (first, middle, last): _____

Mother's name (first, middle, **maiden** last): _____

Name of person providing information: _____

Informant's relationship to decedent: _____

Informant's mailing address: _____

Place of death: _____

Our wishes are for: Viewing Burial Cremation