



CHIPPEWA VALLEY<sup>TM</sup>  
CREMATION SERVICES LLC

**PERSONAL INFORMATION RECORD**

NAME: (First, Middle, Last) \_\_\_\_\_

ADDRESS: (Street, City, State, Zip) \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ Sex: M F

VETERAN: Yes/No ENLISTMENT DATE: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_ BRANCH: \_\_\_\_\_

RACE: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

MARITAL STATUS: Married Never Married Divorced Widowed

MOTHERS NAME: (First, Middle, Maiden Name) \_\_\_\_\_

FATHERS NAME: (First, Middle, Last) \_\_\_\_\_

SPOUSE NAME: (First, Middle, Maiden Name) \_\_\_\_\_

DATE AND PLACE OF MARRIAGE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ INDUSTRY: \_\_\_\_\_

YEARS OF SCHOOL COMPLETED: \_\_\_\_\_ HIGHEST LEVEL IN COLLEGE: \_\_\_\_\_

SERVICES TO BE HELD AT: \_\_\_\_\_

OFFICIATING CLERGY (if desired): \_\_\_\_\_

TYPE OF SERVICE: Memorial Service Traditional Funeral Service Other

PLACE OF BURIAL: (if any) \_\_\_\_\_

INFORMANT NAME: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

INFORMANT ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE/OTHER: \_\_\_\_\_

OBITUARY & BIOGRAPHICAL INFORMATION:

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SURVIVED BY:

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PROCEEDED IN DEATH BY:

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OTHER INFORMATION:

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