

Flynn Funeral & Cremation Memorial Centers

() Chester Office – () Monroe Office

Burial () Cremation ()

Name of Client _____

SEX _____

RACE _____

SOCIAL SECURITY # _____

ADDRESS of Client _____

AGE _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

CITIZEN OF _____

MARITAL STATUS _____

SPOUSES NAME (IF WIFE MAIDEN NAME FULL NAME PLEASE) _____

FATHERS NAME _____

MOTHERS MAIDEN _____

DECEASED ADDRESS _____

EDUCATION LEVEL _____

OCCUPATION _____

Do not enter retired

TYPE OF BUSINESS _____

EMPLOYERS NAME & ADDRESS _____

NAME & ADDRESS OF INFORMANT: _____

INFORMANT: Social Security # _____ Date of Birth _____ Place of Birth _____

RELATIONSHIP: _____

TELEPHONE # _____ CELL NUMBER _____

DISPOSITION OF REMAINS Burial () Cremation () Other _____

NAME OF CEMETERY _____

LOCATION OF CEMETERY _____

VETERAN INFORMATION _____

TRANSCRIPTS _____

E-MAIL _____

NOTES _____

REVIEW ALL INFORMATION CORRECT AS LISTED X: _____