



Adams Funeral Home

Vital Statistics

Facing the loss of a loved one is perhaps the most difficult event we all face. You can make it easier by recording your own personal information and preferences. We will keep this information on file and you may add to it, update it, or come in and complete your pre-planning at your convenience. Record the statistical information about yourself and your family so that your loved ones will not face this painful task while they are grieving. Spending 5-10 minutes now can greatly reduce the stress on your loved ones in the event of your loss. **JUST PRINT THIS FORM, FILL IT OUT AND DROP IT BY THE FUNERAL HOME.**

General Information

First Name:

Middle Name:

Last (Maiden) Name:

Phone:

Social Security Number:

Address including city, state and zip code:

Date of Birth:

Place of birth including city and state:

Family Information

Marital Status: S M D W

Date of Marriage:

Place of Marriage:

First, Middle and Last name of spouse:

Father's First Middle and Last name:

Mother's First Middle and Maiden name:



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Demographics

Gender: M or F

Education: *(highest grade and any schools attended)*

Occupation:

Occupation Status: Working Retired

Church

Church Affiliation:

Clergy:

Cemetery:

Next of Kin or Person Responsible For Final Affairs

Name:

Social Security Number:

Address including city, state and zip code:

Phone:

Military Experience

Veteran: Yes or NO

Branch of Service:



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Surviving Relatives

List surviving relatives including names, their relationship to you, and city and state in which they reside. (For example: *Husband, John Hancock, Crothersville, IN.*)

Number of Grandchildren: Great Grandchildren: Great-Great Grandchildren:

Family Members Who Have Passed Away

List deceased relatives including names, their relationship to you, and city and state in which they reside. (For example: *Husband, John Hancock, Crothersville, IN.*)

(Special information may be included on a separate sheet of paper.)