



# Information Sheet for Burial

4764 SE Milwaukie Ave. Portland, OR 97202  
503-736-0116 fax 503-736-0102 24-hrs

The power of choice can be found at:  
[www.familymemorialservices.com](http://www.familymemorialservices.com)

Please fill in all blanks with information for the person receiving pre-arrangements. Print clearly, or type.

Name: (First/Middle/Last)

Sex: M F (Circle one)

Social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthplace: (City/State)

Date of birth: (Month/Day/Year)

Armed Forces service: Y N (Circle one)

Usual occupation: \_\_\_\_\_

Residing: State: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_

Street Address: \_\_\_\_\_

Inside City Limits: Y N (Circle One) ZIP: \_\_\_\_\_

Race: \_\_\_\_\_ Of Hispanic Origin: Y N (Circle One)

Parents: Father's Name (first/middle/last): \_\_\_\_\_

Mother's Name (first/middle/last): \_\_\_\_\_

Education level: Highest Level/grade completed: \_\_\_\_\_

Please check which service you are interested in, and circle if you do or don't want viewing. Thank you.

Burial Services: \_\_\_\_\_ Immediate Burial

\_\_\_\_\_ Immediate Burial Cremation with Identification Viewing

\_\_\_\_\_ Burial with Formal Viewing

\_\_\_\_\_ Graveside Service

\_\_\_\_\_ Funeral Service

\_\_\_\_\_ Veteran's Simple Direct Cremation with Graveside Service

Other Services: \_\_\_\_\_ Ship out of state to other state

\_\_\_\_\_ Anatomical Donation to O.H.S.U. (please mark a second service if donation is not accepted)

*turn over for more*

Form preparer: (first/middle/last): \_\_\_\_\_

relationship: \_\_\_\_\_ date: \_\_\_\_\_

Service location: \_\_\_\_\_

Officiant: Name: \_\_\_\_\_ Church (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Songs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional service info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Obituary Information: \_\_\_\_\_

Length of time in Portland area: \_\_\_\_\_ Came from: \_\_\_\_\_

Religion: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Marriage: (date/place) \_\_\_\_\_

Graduated from: (school or college) \_\_\_\_\_ Year: \_\_\_\_\_

Worked for: Employer: \_\_\_\_\_ No. of Years: \_\_\_\_\_ Retired: \_\_\_\_\_

Other: (club membership, hobbies, achievements, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the city and state they reside in after each name. Thank you.

Survived by

Spouse: (include maiden name if applicable) \_\_\_\_\_

Marriage date/place: \_\_\_\_\_ Date of death (if applicable): \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

Parents: \_\_\_\_\_

\_\_\_\_\_

Siblings: \_\_\_\_\_

\_\_\_\_\_

Others: (include relationship) \_\_\_\_\_

\_\_\_\_\_

Number of grandchildren: \_\_\_\_\_ Great grandchildren: \_\_\_\_\_ Great great grandchildren: \_\_\_\_\_