



Information Sheet for Cremation

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

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.

Cremation Services: _____ Simple Direct Cremation
_____ Simple Direct Cremation with Identification Viewing
_____ Simple Direct Cremation with Formal Viewing
_____ Direct Cremation with Memorial Service
_____ Funeral Service with Cremation
_____ 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: _____