

Date of Arrangements _____

Telephone # _____

ANDERSON FUNERAL HOME, INC.

3050 W. Beecher Rd. Adrian, MI 49221
Phone (517) 265-3312 FAX (517) 265-9450
Michael L. Anderson-Manager
Sharon Rickaby-Certified Preplanning Consultant
Shannon Mitchell-Office Manager

1448 Short St. Tecumseh, MI 49286
Phone (517) 424-1848 FAX (517) 424-1849
James J. Frederick-Manager
Jennifer Adams Office Mgr-Preplanning Consultant

NAME: _____ AGE: _____

ADDRESS: _____ CITY/TWP: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(City) (State)

FATHER'S NAME: _____
(First) (Middle) (Last)

MOTHER'S NAME: _____
(First) (Middle) (Maiden Name)

SOCIAL SECURITY #: _____ ANCESTRY: _____
(English, Irish, German, etc)

EDUCATION: _____

MARITAL STATUS: _____ SPOUSE: _____
(Married, Widowed, Divorced, Never Married) (First) (Middle) (Last)

DATE OF MARRIAGE: _____ PLACE: _____

IF DECEASED, DATE: _____

PLACE OF EMPLOYMENT: _____

OCCUPATION: _____ TYPE OF BUSINESS: _____

DATE OF RETIREMENT: _____

IN ARMED SERVICES: _____ BRANCH: _____ SERIAL #: _____

DATE ENTERED: _____ DATE DISCHARGED: _____

CHURCH AND CIVIC MEMBERSHIPS: _____

HOBBIES AND INTERESTS: _____

PLACE OF SERVICE: _____

CLERGY: _____ VIGIL PRAYER SERVICE _____

PUBLIC VISITATION _____

CEMETERY: _____ MONUMENT: _____

MEMORIAL CONTRIBUTIONS: _____

OTHER NEWSPAPERS: _____

(PLEASE FILL IN SURVIVING FAMILY MEMBER INFORMATION ON OPPOSITE SIDE OF THIS FORM.)

SURVIVING FAMILY MEMBERS:

PARENTS: _____

SPOUSE: _____

_____**SONS:** _____
(FIRST) (LAST) (SPOUSE) (CITY) (STATE)

_____**DAUGHTERS:** _____
(FIRST) (LAST) (SPOUSE) (CITY) (STATE)

_____**BROTHERS:** _____
(FIRST) (LAST) (SPOUSE) (CITY) (STATE)

_____**SISTERS:** _____
(FIRST) (LAST) (SPOUSE) (CITY) (STATE)

_____**GRANDCHILDREN** _____ **GREAT-GRAND** _____ **GREAT-GREAT-GRAND**

PRECEDED IN DEATH BY: _____

