

BRAGDON-KELLEY FUNERAL HOMES, INC.
MORTUARY TRUST/PRE-NEED INFO SHEET

DATE: _____ FUNERAL DIRECTOR _____

FULL NAME: _____ (M/T or PRE-NEED INFO)

ADDRESS: _____ Correspondence to: Beneficiary or Informant

CITY, STATE, ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____ CELL: () _____

S.S.N. _____ D.O.B. _____ BIRTHPLACE: _____

VETERAN: _____ BRANCH: _____ WAR: _____ RANK: _____

MARITAL STATUS: _____

MOST RECENT SPOUSE (Maiden): _____ LIVING or DECEASED (year _____)

EDUCATION (highest completed): _____ 10. ANCESTRY: _____

RACE: _____ OCCUPATION/KIND OF BUSINESS: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL (Maiden) NAME: _____

MEMORIAL CONTRIBUTIONS: _____

OBITUARY: NEWSPAPERS OF CHOICE: _____

PHOTO IN NEWSPAPER: YES _____ NO _____

METHOD OF DISPOSITION: BURIAL _____ CREMATION _____ OTHER _____

CHURCH SERVICE _____ FUNERAL HOME SERVICE _____ GRAVESIDE _____ MEMORIAL SERVICE _____

MINISTER: _____

CEMETERY: _____ TOWN: _____

SPECIAL REQUEST: _____

INFORMANT: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: () _____ WORK PHONE: () _____ CELL: () _____

ALTERNATE INFORMANT: _____ RELATIONSHIP _____

ADDRESS: _____

HOME PHONE: () _____ WORK PHONE: () _____ CELL: () _____

