

Anchor Bay Cremation Services

Information form about deceased

Name:

_____ first _____ middle _____ last

Date of birth _____ Sex _____ SSN: _____

Occupation, prior to retirement _____

Current Home Address _____

City and State of Birth _____

Marital Status Married Widowed Divorced Never Married

Ancestry/Nationalty _____

Race _____ Hispanic origin Y or N Highest grade in school _____

Veteran Y or N Branch of service _____

Surviving spouse (if female, maiden last time) _____

Fathers name _____

Mothers name(maiden last name) _____

Name, address and phone of next of kin _____

Name and phone of person to be contacted when complete
