

CLOCK FUNERAL HOME

**PERSONAL
BIOGRAPHICAL INFORMATION**

WHITEHALL,MIGHIGAN

FULL NAME

(include middle name,"Sr.,"Jr."etc,and any nicknames)

Social Security Number

CURRENT RESIDENCE (include street address,city,state,zip code of residence.In a township?Give name.)

AGE **DATE OF BIRTH** **WHERE BORN(City/State)**

FATHER'S FULL NAME

MOTHER'S FULL NAME
(including her first and unmarried last name)

ETHNIC BACKGROUND (French, German, English, ETC. If Native American, Principal Tribe & Band)

MARITAL STATUS: **MARRIED** **DIVORCED** **WIDOWED**

IF MARRIED, MARRIED TO WHOM
(give unmarried name of wife, if above is the husband; do not list if divorced)

WHEN MARRIED **WHERE MARRIED**

EDUCATION (HIGHEST LEVEL REACHED)

USUAL OCCUPATION WHEN WORKING
(do NOT enter "retired")

LAST OR LONGEST EMPLOYER)

TYPE OF INDUSTRY EMPLOYER WAS IN

(i.e., automotive industry, furniture manufacturing, electrical, construction, etc.)

NUMBER OF YEARS WORKED

DATE RETIRED

CHURCH AFFILIATIONS (Give Name of Church if Active)

MEMBERSHIPS AND/OR ORGANIZATIONS:

(HELPFUL HINT: note member of, "Life" member of, groups, societies, favorite organizations, hobbies, noteworthy interests)

MILITARY RECORD (BRANCH & WHEN SERVED)

(Branch, when served, highest rank attained. A copy of the DD214 Discharge paper will be asked for later)

LIVING FAMILY MEMBERS: (NAME & CITY WHERE THEY LIVE. ONE LINE PER NAME)

(HELPFUL HINT: Living spouse; children & spouse's names, if they are married; grandchildren; great-grandchildren; great-great-grandchildren; (numbers are sufficient rather than listing, if there are many of them); living siblings; others you would want to name, and where they live – name of the city if in Michigan, just the state if out of state - if you wish; use the back of this sheet if you need more space.)

PRECEDED IN DEATH BY: (List those preceding above person in death. if a parent is still alive, list as part of living family)

I PREFER TO BE: **BURIED** **CREMATED** **ENTOMBED (in a mausoleum)**

IF CREMATION PREFERRED, I DESIRE A MEMORIAL SERVICE OR MEMORIAL VISITATION/GATHERING:

(check one) **YES** **NO** **THIS DECISION TO BE MADE BY MY FAMILY AT THE TIME**

WHERE YOU PREFER YOUR SERVICES TO BE HELD:

(Funeral home, a church or other facility...)

PREFERRED EULOGIST (or clergyperson)

OTHER SERVICE PREFERENCES (Singers - list songs requested, poetry, readings, etc. - use the back of this sheet if you need more space)

PLACE OF BURIAL

(for earth burial, entombment or interment of cremated remains)

LOCATION OF CEMETERY

GRAVE DESCRIPTION:	Grave#	Lot#	Section	Block	Range
---------------------------	---------------	-------------	----------------	--------------	--------------

CHARITY/CHARITIES YOU WOULD PREFER MEMORIAL DONATIONS TO BE EARMARKED FOR:

NEXT OF KIN FOR US TO BE IN CONTACT WITH: (Nearest living kin, POA, Guardian, Executor, etc.)

NAME:

ADDRESS:

PHONE (Include Cell Phone #s)

ANY OTHER INFORMATION YOU WOULD LIKE FOR US TO KEEP ON FILE FOR YOU FOR FUTURE USE

(Use the back of this sheet if you need more space)

PLEASE PRINT THIS FORM OUT, FILL OUT, AND MAIL TO:

CLOCK FUNERAL HOME OF WHITE LAKE

BOX 128

WHITEHALL, MI 49461

IF YOU HAVE ANY QUESTIONS, PLEASE CALL US AT: 231-894-5676.