

Flynn Funeral & Cremation Memorial Centers

() Chester Office - () Monroe Office () Trinity Church

Burial () Cremation ()

NAME OF DECEASED _____

SEX _____

DATE OF DEATH _____

TIME OF DEATH _____

RACE _____

SOCIAL SECURITY # _____

PLACE OF DEATH _____

AGE _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

CITIZEN OF _____

MARITAL STATUS _____

SPOUSES NAME (IF WIFE MAIDEN NAME) _____

FATHERS NAME _____

MOTHERS MAIDEN _____

DECEASED ADDRESS _____

EDUCATION LEVEL _____

OCCUPATION _____

Do not enter retired _____

TYPE OF BUSINESS _____

EMPLOYERS NAME & ADDRESS _____

NAME & ADDRESS OF INFORMANT: _____

RELATIONSHIP: _____

TELEPHONE # _____ SECONDARY # _____

DISPOSITION OF REMAINS Burial () Cremation (X) Other _____

NAME OF CEMETERY _____

LOCATION OF CEMETERY _____

VETERAN INFORMATION _____

TRANSCRIPTS _____

NOTES: _____