



# Information Sheet

The following is a list of the information that we will need to complete funeral arrangements. Feel free to contact us at **1-845-331-1473** any time if you have any questions.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_

Decedent of Hispanic origin?    Yes    No    If yes, describe \_\_\_\_\_

Birthplace: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(City) (State)

Father's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Mother's Maiden Name: \_\_\_\_\_  
(First) (Middle) (Maiden Name)

Marital Status:    Never married    Married    Widowed    Divorced    Separated

If Married, include Spouse's Name (include maiden):  
\_\_\_\_\_  
(First) (Middle) (Maiden Name)

Occupation (even if retired): \_\_\_\_\_ Employer: \_\_\_\_\_

Education (select one):

9<sup>th</sup>-12<sup>th</sup> Grade; no diploma

High School graduate or GED

Some college credit, but no degree

Associate degree

Bachelor's degree

Master's degree

Doctorate/professional degree

Military Veteran:    Yes    No

Branch of Service \_\_\_\_\_ Years of Service: \_\_\_\_\_ - \_\_\_\_\_

## Informant Information (AKA Next of Kin):

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Please email your completed sheet to us at **[info@keyserfuneralservice.com](mailto:info@keyserfuneralservice.com)**