



## Fred H. McGrath & Son, Inc.

Full Name of Deceased: \_\_\_\_\_

Usual Residence of Deceased: \_\_\_\_\_

\_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Color/Race: \_\_\_\_\_

Birthplace: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Single, Married, Widowed or Divorced: \_\_\_\_\_

Name of Surviving Spouse (First & Maiden Last Name if Wife Survives):

\_\_\_\_\_

Usual Occupation: \_\_\_\_\_

Industry or Business: \_\_\_\_\_

Education (Highest Degree Earned): \_\_\_\_\_

Military Service: Years Served: \_\_\_\_\_ Branch: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's First & Maiden Last Name: \_\_\_\_\_

Informant: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Informant: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Plot # \_\_\_\_\_ Sec. # \_\_\_\_\_ Grave # \_\_\_\_\_ Range \_\_\_\_\_

Place of Service: \_\_\_\_\_

Clergy Preference: \_\_\_\_\_

Attending Physician: Dr. \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_