

*Required Data and File Form*

Please print and fill out all fields that apply along with the Cremation Form (if applicable) and return by mail /fax or in person to Sperry & McHoul Funeral Home.

Applicant's name \_\_\_\_\_

first middle last

Sex \_\_\_\_\_ Telephone \_\_\_\_\_

Residence street and number \_\_\_\_\_

City/town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Race \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Birthplace (city and state or foreign country) \_\_\_\_\_

Married, never married, widowed, or divorced \_\_\_\_\_

Last spouse (if wife give maiden name) \_\_\_\_\_

Usual Occupation (prior if retired) \_\_\_\_\_

Kind of business or industry \_\_\_\_\_

Social security number \_\_\_\_\_

If U.S. war veteran specify war \_\_\_\_\_

Father - full name \_\_\_\_\_

Father's state of birth (if not in U.S.A. name country) \_\_\_\_\_

Mother - full name (Maiden) \_\_\_\_\_

Mother's state of birth (if no in U.S.A. name country) \_\_\_\_\_

Responsible survivor - name and mailing address \_\_\_\_\_

Telephone number \_\_\_\_\_ Relationship \_\_\_\_\_

Of hispanic origin? (if yes, specify Puerto Rican, Dominican, Cuban, etc.)

yes\_\_\_\_ no\_\_\_\_ specify \_\_\_\_\_

Education (highest grade completed) Elem/Sec (0-12) \_\_\_\_\_ College 1-4; 5+ \_\_\_\_\_

**FOR VETERANS USE ONLY\***

Date of entering military service \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place \_\_\_\_\_

Date of discharge \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place \_\_\_\_\_

Rank, rating \_\_\_\_\_ Service Number \_\_\_\_\_

Organization and outfit \_\_\_\_\_

*\*Veterans, include photocopy of Discharge Certificate*

List other survivors and/or obituary information on a separate sheet.