



**FUNERAL SERVICE RECORD**

**GUARINO**  
FUNERAL HOME

**NUMBER** \_\_\_\_\_

Name: \_\_\_\_\_

(Give full name of deceased)

Date of Death \_\_\_\_\_ Hour \_\_\_\_\_

Place of Death \_\_\_\_\_

(If death occurred in hospital or institution give its name. If in home give address)

Residence No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birthplace \_\_\_\_\_ Color or Race \_\_\_\_\_

(City, Town, State or Foreign Country)

Relationship Status \_\_\_\_\_

Name of Husband or Wife \_\_\_\_\_

(If Wife give First and Maiden Name)

Fathers Name \_\_\_\_\_ Mothers Name \_\_\_\_\_

Deceased Occupation _____
Kind of Business _____
Employed By _____
Veteran _____ From _____ To _____
Branch _____
Social Security No _____
Education Level _____ Clean Shaven _____

Informant \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

(Number, Street, City, State and Zip )

Phone Number \_\_\_\_\_

Place of Service \_\_\_\_\_ Time \_\_\_\_\_

Date of Funeral \_\_\_\_\_

Cemetery or Crematory \_\_\_\_\_

Grave No. \_\_\_\_\_ Row \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Plot \_\_\_\_\_

Lot Owner \_\_\_\_\_

Medical Examiner Number \_\_\_\_\_ Doctor \_\_\_\_\_