



301 E. Broadway, Morrilton, AR 92110 and 438 Hwy 64, Conway, AR 72032
rosewoodcremation.com P: (501) 477-2228 F: (501) 477-2229

VITAL STATISTICS RECORD

NAME (FIRST, MIDDLE, LAST)		SEX	RACE
ADDRESS			
CITY		STATE	ZIP CODE
PHONE	DATE OF BIRTH	BIRTHPLACE	
EDUCATION LEVEL COMPLETED: (REQUIRED BY STATE)		SOCIAL SECURITY #	
OCCUPATION: (FORMER, IF RETIRED)			
SPOUSE'S NAME (IF WIFE, GIVEN MAIDEN NAME)			
FATHER'S NAME (FIRST, MIDDLE, LAST)		BIRTHPLACE	
MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST)		BIRTHPLACE	
VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH	YEARS OF SERVICE	DISCHARGE DATE & PLACE

HISTORICAL INFORMATION

IN COMMUNITY SINCE	DATE & PLACE MARRIED
ORGANIZATION MEMBERSHIPS	
CHURCH OR FAITH AFFILIATION	
ADDITIONAL INFORMATION	

AUTHORITY OF AUTHORIZING AGENT

I, _____ certify and acknowledge that the information herein was personally given to _____
representing _____ Funeral Home. I understand that the information recorded herein will be kept on file at the above funeral home.

AUTHORIZED SIGNATURE	DATE
COUNSELOR SIGNATURE	DATE

IMMEDIATE FAMILY

RELATIONSHIP

NAME

CITY/STATE

PHONE #

PREDECEASED BY RELATIONSHIP

NAME

CITY/STATE

PERSONAL INFORMATION FOR FAMILY USE

LOCATION OF BANKING INFORMATION

LOCATION OF MILITARY RECORDS

LOCATION OF FAMILY RECORDS

LOCATION OF WILLS/TRUSTS

LOCATION OF INSURANCE POLICIES

LOCATION OF CEMETERY INFORMATION

RECORD OF PERSONAL AFFAIRS

ATTORNEY NAME/ADDRESS

ACCOUNTANT NAME/ADDRESS

EXECUTOR NAME/ADDRESS

FUNERAL SERVICE INSTRUCTIONS

PLACE OF SERVICE _____ CHAPEL _____ CHURCH _____ OTHER

TYPE OF DISPOSITION _____ BURIAL _____ CREMATION _____ ENTOMBMENT

CEMETERY	SECTION	LOT	SPACE
----------	---------	-----	-------

DISPOSITION OF ASHES

MINISTER/CLERGY

FAVORITE BIBLE/LITERARY PASSAGE

FAVORITE MUSIC SELECTIONS

CLOTHING PREFERENCES

FLAG _____ YES _____ NO _____ FOLDED _____ DRAPE CASKET

JEWELRY _____ YES _____ NO	DESCRIBE
----------------------------	----------

EYE GLASSES _____ ON _____ OFF	DESCRIBE
--------------------------------	----------

FLOWERS	TYPE	COLOR
---------	------	-------

CASKET OPEN DURING VISITATION _____ YES _____ NO	DURING SERVICE _____ YES _____ NO
--	-----------------------------------

PALLBEARERS	RELATIONSHIP	NAME	CITY/STATE	PHONE #
-------------	--------------	------	------------	---------

AUTHORIZED PERSON(S) TO ARRANGE FINAL DETAILS

OTHER PERSONAL REQUESTS

NEWSPAPER NOTICES

NAME AS IT SHOULD APPEAR IN NEWSPAPER

NEWSPAPERS TO NOTIFY (INCLUDING OUT OF AREA)

IN LIEU OF FLOWERS, DONATIONS TO