

Southview Mortuary, Inc.

2731 U.S. Highway 40 S. 305 North Elm St. 125th Ave S.W.
 Tifton, GA 31794 Adel, GA 31620 Moultrie, GA 31768
 (229) 387-7046 (229) 896-1380 (229) 668-7046

FUNERAL ARRANGEMENT WORKSHEET

NO. _____

NAME _____ First _____ Middle _____ Last _____ AGE _____

DATE OF DEATH _____ HOUR _____

Arrangement Appointment — Day & Time: _____

At F.H. At Residence (Address): _____

Informant Interviewed by: _____

VITAL STATISTICS

DECEDENT'S ADDRESS	
City-Town _____	State/Zip _____ County _____
PLACE OF DEATH	
City-Town _____	State/Zip _____ County _____
Specify: <input type="checkbox"/> In-Patient <input type="checkbox"/> DOA <input type="checkbox"/> ER <input type="checkbox"/> None	Apparent Cause of Death _____ Length of Illness _____
Other Circumstances _____	
Certifier of Death Certificate _____	
Certifier's Address _____	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race-Ethnicity: _____ Citizen: <input type="checkbox"/> USA
BIRTHPLACE _____ DATE OF BIRTH _____	
Father's Name _____	His Birthplace _____
Mother's Maiden Name _____	Her Birthplace _____
MARITAL STATUS _____	Surviving Spouse _____
Date & Place of Marriage _____	
EMPLOYMENT STATUS: <input type="checkbox"/> Retired (Year _____) <input type="checkbox"/> Presently Employed <input type="checkbox"/> Not Employed	Usual Occupation _____ Kind of Business _____
Employer _____	No. of Years _____
Social Security No. _____ Highest Education _____	
VETERAN: <input type="checkbox"/> No <input type="checkbox"/> Yes	Branch of Service _____ Rank _____
Service Dates _____ to _____	Service No. _____
Honors—Commendations _____	
INFORMANT'S NAME _____	
Informant's Address _____	
Informant's Phone _____	Relationship _____