



List Names of Children's Spouses if desired.

CHILDS NAME	SPOUSE'S NAME

Brothers:

NAME	CITY	STATE

Sisters:

NAME	CITY	STATE

List any other Survivors you want listed in the Obituary.

NAME	RELATIONSHIP	CITY	STATE

Number of Grandchildren: \_\_\_\_\_

Number of Great Grandchildren: \_\_\_\_\_

Number of Great Great Grandchildren: \_\_\_\_\_

*List names and addresses under special instructions if you want the names to appear in the obituary.*

# Biographical Information for Obituary

Newspapers to carry Obituary notice:

NAME	CITY
_____	_____
_____	_____
_____	_____
_____	_____

Memorial Contributions to:

NAME	ADDRESS
_____	_____

Officer, Club or Professional Organization Memberships:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Church: \_\_\_\_\_  
NAME CITY

Education:

NAME OF SCHOOL OR COLLEGE	DEGREE	GRADUATED
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment:

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

Industry: \_\_\_\_\_ If Retired, When: \_\_\_\_\_

Name of last employer: \_\_\_\_\_

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

Name of previous employer: \_\_\_\_\_

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

## Military Record

Branch of Service: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date enlisted: \_\_\_\_\_ Place: \_\_\_\_\_

Date discharged: \_\_\_\_\_ Place: \_\_\_\_\_

Rank: \_\_\_\_\_

Honors: \_\_\_\_\_

Location of discharge papers: \_\_\_\_\_

Flag Draped Casket:  Yes  No If yes, what flag: \_\_\_\_\_

## Funeral Service Request

Type of Service:  Traditional  Graveside  Memorial

Place of Service:  Funeral Home  Church  Cemetery

Funeral Home: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_ Website: \_\_\_\_\_  
OPTIONAL OPTIONAL

Minister(s): \_\_\_\_\_

Body Disposition:  Burial  Entombment  Cremation

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

Address and location of cemetery property: \_\_\_\_\_

Lot and Grave number: \_\_\_\_\_ Is a Marker Down?  Yes  No

Place of Visitation:  Funeral Home  Church

Visitation Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Music, hymns or readings you prefer during your service. \_\_\_\_\_

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Special Instructions: \_\_\_\_\_

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Pallbearers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List Insurance Policy Information (if desired): \_\_\_\_\_

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Location of Policies: \_\_\_\_\_

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Do you have a will?  Yes  No If Yes, Where is it Located: \_\_\_\_\_

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Once this form is completed either Mail or Fax to Fair Funeral Home at:

**Address**

Fair Funeral Home  
432 Boone Road  
Eden, NC 27288

**Fax**

336-623-2163

For more information call us at 336-623-2161 or email us at [fair@fairfuneralhome.com](mailto:fair@fairfuneralhome.com).