

PICKUP ADDRESS:



DEAN MEMORIAL FUNERAL HOME



745 HIGHWAY 468 * BRANDON, MS 39042

Phone (601-825-3884) * Fax (601) 825-3830

NOTES:
(Hair style, etc)

VIEW DAY/TIME: _____

Funeral Service Agreement & Vital Statistics Records

Full Legal Name: _____ Race: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

City Limits: Yes or NO Telephone Number: _____ Soc. Sec. Number: _____

Marital Status: Married Married, but separated Widowed Divorced Never Married Unknown

Surviving Spouse Name: (if wife, give maiden name) _____

Decedent's Date of Birth: _____ Age at last birthday: _____

Birth Place (State or Foreign Country): _____

Date of Death: _____ County: _____ State: _____

Place of Death: _____ Inpatient ER/Outpatient DOA

Decedent's Education: 8th grade or less 9th-12 grade, no diploma High school graduate or GED completed

Some college, no degree Associate's degree (e.g. AA,AS) Bachelor's degree (e.g. BA, AB, BS) Master's degree (e.g.

MA, MS, MSW, MBA) Doctorate(e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, JD) Unknown

Usual Occupation: _____ Kind of Business or Industry: _____

Father's Name: _____ Mother's Maiden Name: _____

Veteran: (Yes or No) _____ Branch: _____ Honorable Discharge: (Yes or No) _____

IN THE EVENT OF DEATH PLEASE NOTIFY: INFORMANT ID#

Primary Informant: _____ Phone #: _____

Address: _____ Relationship: _____

Informant #2: _____ Phone #: _____

Address: _____ Relationship: _____

INSTRUCTIONS FOR SERVICES

Disposition of Body: Burial or Cremation

Date of Service: _____ Time of Service: _____

Service Place: _____ Location: _____

Visitation Date and Time: _____ Place: _____

Cemetery/Crematory Name: _____ Location: _____

Family Bag Presented To: _____

Ins. Co:
Policy #:
Face Value:
D.O.I.
Beneficiary:
Customer Rep:

Time Body In Church Prior to Service: _____

View going Into Church: Yes or No

Re-open after Eulogy: Yes or No

The undersigned hereby agrees to pay Dean Memorial Funeral Home for the total incurred expenses. Payment is to be made 48 hours prior to the date of the funeral, or in accordance with other arrangements indicated by proprietor.

DEBTOR: _____ GUARANTOR: _____

DATE: _____