

Information necessary to complete arrangements and/or Death Certificate

Arrangements by phone, in your home, or in our office: (406) 254-2414; toll-free (888) 254-2414; fax (406) 254-2354

Name: _____ CFG Initial _____ File # _____
First Middle Last Maiden

Address: _____ **City Limits:** Yes/No
Street Apt. # City State Zip County

Social Security Number: _____ **Degree of Education:** _____

Date of Birth: _____ **Birth City:** _____ **Birth State:** _____

Fathers Name: _____ **Mothers Name:** _____
First Middle Last First Middle Last Maiden Name

Marital Status: Married Never Divorced Widowed **Spouses Name:** _____
First Middle Last Maiden Name

Race: Caucasian Native American African American Hispanic Other: _____

Veteran: Yes/No **Branch of Service:** Army Navy Marines Air Force Coast Guard

Enlistment Date: _____ **Honorable Discharge Date:** _____ **DD214** Yes/No **Flag** Yes/No **VA Benefits** Yes/No

Occupation & Industry before retiring: _____

Informant: _____ **Relation:** _____ **Phone number:** _____
First Middle Last

Informants Address: _____
Street Apt. # City State Zip

Cremation/Burial Date of Death: _____ Military Time: _____

Cemetery Grave/Lot/Section or Columbarium/Row/Number City State Zip Phone #

Physician: _____ **Phone #:** _____ **City/State/Zip:** _____

Location: _____ **Address:** _____ **City Limits:** Yes/No
Street City State Zip

Autopsy: Yes/No **Notify Coroner:** _____ **Jewelry:** _____ **Clothing/Personal:** _____

Obituary: CFG Submit Yes/No **Newspapers:** Billings Gazette, Outpost, Yellowstone County News & _____

Out of Area Newspaper: Phone Number: _____ E-mail Address: _____ **Picture:** Yes/No

See Back of Sheet for Memorial Information

Viewing Date: _____ Day: _____ Time: _____ Location: _____

Memorial/Funeral Date: _____ Day: _____ Time: _____ CFG Involved: Yes/No

Memorial/Funeral Location: _____
Name Street City State Zip

Officiant: _____
Title First & Last Name

Songs or Recordings for Memorial/Funeral Service:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Casket Bearers for Funeral:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Soloist: _____

Jewelry: _____

Accompanist: _____

Clothing/Personal Items: _____

Leaflet: Standard Bi-Fold Tri-Fold Amount: _____ Verse(s): _____

Picture: Yes/No Acknowledgement Cards: _____ Amount: _____

Book: _____

Casket: _____

Urn: _____

Vault/Dome: _____

Thumbie or other Memento: Yes/No _____

Notes: _____

