

Death Certificate  
Sent to Dr. \_\_\_\_\_  
Filed \_\_\_\_\_

# CARNES BROTHERS FUNERAL HOME

## FUNERAL RECORD

NAME \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN

NAME FOR PAPER \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ TIME \_\_\_\_\_ RACE \_\_\_\_\_

HISPANIC ORIGIN  YES  NO IF YES, SPECIFY \_\_\_\_\_  
(MEXICAN, CUBAN, BRAZILIAN)

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  
YEAR MONTH DAY

SOCIAL SECURITY # \_\_\_\_\_

### PLACE OF DEATH

HOSPITAL:  INPATIENT  ER/OUTPATIENT  DOA  
OTHER:  NURSING HOME  RESIDENCE  OTHER

COUNTY \_\_\_\_\_ CITY OR PRECINCT # \_\_\_\_\_

HOSPITAL OR STREET ADDRESS \_\_\_\_\_ INSIDE CITY LIMITS? \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_ COUNTRY? \_\_\_\_\_  
CITY, STATE OR FOREIGN COUNTRY

DOCTORS NAME AND ADDRESS \_\_\_\_\_

MILITARY SERVICE  
 YES  NO

BRANCH \_\_\_\_\_ SERVICE # \_\_\_\_\_ RANK/RANK \_\_\_\_\_

ENLISTMENT DATE AND PLACE \_\_\_\_\_

DISCHARGE DATE AND PLACE \_\_\_\_\_

MARRIED  WIDOWED  NEVER MARRIED  DIVORCED

SURVIVING SPOUSE (MAIDEN) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EDUCATION:  GRADES (0-12)  COLLEGE (1-4 OR 5+)

OCCUPATION \_\_\_\_\_ INDUSTRY \_\_\_\_\_

RESIDENCE: STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ CITY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ INSIDE CITY LIMIT? \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

MOTHER'S (MAIDEN) NAME \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

DIRECTOR



# FUNERAL SERVICE INSTRUCTIONS AND INFORMATION

DATE AND TIME OF SERVICE: \_\_\_\_\_

VISITATION TIME: \_\_\_\_\_

LOCATION:  CARNES BROTHERS CHAPEL  CHURCH  GRAVESIDE

NAME OF CHURCH OF OTHER LOCATION \_\_\_\_\_

NAME OF CEMETERY \_\_\_\_\_

CEMETERY LOCATION \_\_\_\_\_  
CITY COUNTY STATE

SECTION \_\_\_\_\_ LOT \_\_\_\_\_ SPACE \_\_\_\_\_ MARKER  YES  NO

IF CREMATION, DISPOSITION OF CREMAINS \_\_\_\_\_

WAKE OR ROSARY \_\_\_\_\_

CLERGY \_\_\_\_\_ PHONE \_\_\_\_\_

CHURCH \_\_\_\_\_ PHONE \_\_\_\_\_

## MUSIC

ORGANIST/PIANIST  VOCALIST  CARNES BROTHERS TAPES  OTHER \_\_\_\_\_

MUSICAL SELECTIONS \_\_\_\_\_  
\_\_\_\_\_

JEWELRY/CLOSING INSTRUCTIONS \_\_\_\_\_

MEMORIALS \_\_\_\_\_

ORGANIZATIONS PARTICIPATING \_\_\_\_\_

PALLBEARERS: ACTIVE HONORARY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAMILY CAR  YES  NO TIME \_\_\_\_\_ PLACE \_\_\_\_\_

MOTOR ESCORTS  YES  NO HOW MANY? \_\_\_\_\_

# PERSON IN CHARGE OF ARRANGEMENTS

\_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## LOCAL CONTACTS

NAME	ADDRESS	PHONE
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DEATH CERTIFICATES

TOTAL NUMBER NEEDED \_\_\_\_\_ CARNES BROTHERS TO KEEP \_\_\_\_\_

REMAINDER TO GO TO: \_\_\_\_\_

NAME	PHONE
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\_\_\_\_\_

ADDRESS	CITY	STATE	ZIP
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## SHIPPING SCHEDULE

LEAVE	TIME	AIRLINE #	ARRIVE	TIME
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RECEIVING / SHIPPING FUNERAL DIRECTOR

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

## ADDITIONAL INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_