

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 |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

DEATH CERTIFICATES

TOTAL NUMBER NEEDED _____ CARNES BROTHERS TO KEEP _____

REMAINDER TO GO TO: _____

| NAME | ADDRESS | CITY | STATE | ZIP | PHONE |
|-------|---------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |

SHIPPING SCHEDULE

| LEAVE | TIME | AIRLINE # | ARRIVE | TIME |
|-------|-------|-----------|--------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

RECEIVING / SHIPPING FUNERAL DIRECTOR

NAME _____ PHONE _____
ADDRESS _____
CITY, STATE, ZIP _____

ADDITIONAL INFORMATION

