

Swick – Bussa – Chamberlin Funeral Home

Pre-Arrangement Vital Statistic Form
11901 Old Gallia Pike, Wheelersburg, Ohio 45694
740-574-5050

Full Name _____ Phone Number _____

Residence _____

Social Security # _____ Education _____

Where employed _____

Kind of work _____ Date last worked _____ Yrs. In Occupation _____

Place of Birth _____ Date of Birth _____

Name of Father _____ Name of Mother (Maiden) _____

Maiden Name _____ Age _____ Yrs _____ Mon. _____ days

Married To _____ When & Where _____ Preceded Date _____

Military Service Yes No Branch of Service _____ Dates _____

Place of Death _____ Date of Death _____ Time of Death _____

Surviving Relatives

Spouse _____ S.S.# _____ Date of Birth _____

Children _____ Brothers & Sisters _____

Parents (if alive) _____

Preceded by _____

Number of Grandchildren _____ Great Grandchildren _____ Great Great Grandchildren _____

Memberships _____

Hobbies _____

Funeral

In Lieu of Flowers Yes No Memorials To _____

Additional Services _____

Visitation _____ Military Services _____

Funeral _____ Place _____ Hour _____

Cemetery _____ Location _____

Reverend _____ Address _____

Physician _____ Coroner Notified _____

Notes: _____