

DATA FORM



Kinkadee **FUNERAL CHAPEL**

1235 Junction Avenue
Sturgis, SD 57785

(605) 347-3336

Fax: (605) 347-5943

This Form includes information needed to make funeral arrangements. It would be helpful for you to fill it out prior to meeting with the Funeral Home Staff.

The following information is required by the Division of Vital Records in South Dakota and will aid the Funeral Home in arranging your funeral services.

At your convenience, please complete this form and bring it with you when making Funeral Arrangements. It serves the need not only for legal information necessary in making Funeral Arrangements, but will be used for Service Requests and Newspaper Articles.

***-Denotes Required**

*Name of Deceased: _____

*Age: _____ *Social Security # _____

*How many copies of the Death Certificate will you need?: _____

*Date of Death: _____

*Place of Death: _____
City County State

*Attending Physician: _____

*Date of Birth: _____

*Place of Birth: _____
City County State

*Current Residence: _____
Physical Address

*Mailing Address (if different): _____

*City: _____ *State: _____ *Zip: _____

*Name of Responsible Party: _____

*Relationship to Deceased: _____ *Phone: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Name of Father: _____
First Last

*Name of Mother (Maiden): _____
First Last

National Origin (German, Etc.): _____

*If Hispanic-Specify (Cuban, Mexican, etc.): _____

*If Native American-Specify Tribe: _____

*Years of Schooling Completed

Elementary / Secondary (0-12): _____

College (1-4 or Highest Degree Attained): _____

*Marital Status

Married: _____ Single: _____ Widowed: _____ Divorced: _____

Separated: _____ Never Married: _____

*Name of Spouse: _____
(Include spouse's maiden name)

Date of Marriage: _____

Place of Marriage: _____

Date of Spouse's Death (if applicable): _____

Place of Spouse's Death _____

*Was Deceased a member of the Armed Forces?: Yes _____ No _____

*If yes, answer the following: Branch of Service: _____

*Service #: _____ Claim #: _____

Was the Deceased Retired?: Yes _____ No _____

*Occupation Most of Life: _____

*Type of Business: _____

*Employer: _____

Use this space to list additional employment information:
(Occupation by years, places, & positions held)

Club / Society Memberships (Offices held by year):

Church Membership: _____

Hobbies / Interests: _____

Would you like to establish a Memorial?: Yes _____ No _____

Proceeds should go to: _____

SURVIVORS

Spouse? () Parents: _____

#	Name	Residence (city & state)
_____ Sons:		
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

_____ Daughters:		
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Number of:

Grandchildren: _____

Great-Grandchildren: _____

Great-Great-Grandchildren: _____

#

Name

Residence
(city & state)

_____ Brothers:

_____ Sisters:

Relatives Preceding in Death:

List Historical Data on last page of this form!

FUNERAL SERVICE INFORMATION

Date of Funeral: _____ Time: _____

Place of Funeral: _____

Rosary?: () Date of Rosary: _____ Time: _____

Place of Rosary : _____

Clergyman / Officiant: _____

Clergyman's Church: _____

Music?: Yes _____ No _____

Songs:

Soloist(s): _____

Accompanist(s): _____

Cemetery Space: Own: _____ Need to Purchase: _____

Cemetery Name: _____

Place of Cemetery: _____
City County State

Pallbearers: (6 is customary)

Honorary Pallbearers:

Special Instructions or Requests:

History

Please use this space to list historical facts about the life of the deceased. This might include schools attended/graduated from, various career moves, years in various states, and/or major events in their life. It is best to list these items chronologically and in factual form. We will place them in obituary form. Most newspapers will not list surviving relatives other than those listed in this booklet.



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