

# HOOPER & WEAVER

## MORTUARY

*A Reputation Built on  
Thoughtfulness*



### PERSONAL INFORMATION WORKSHEET

Please complete the following information to the best of your knowledge.  
Our staff will discuss this information with you at the arrangement appointment.

Name: \_\_\_\_\_  
*First Middle Last*

AKA: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  Female  Male

Race: \_\_\_\_\_ Hispanic/Spanish/Latino:  No  Yes (specify): \_\_\_\_\_

Military Service:  No  Yes Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Marital Status (circle one): Married Widowed Divorced Never Married SRDP

Spouse's Name: \_\_\_\_\_  
*First Middle Maiden Name*

Highest Level of Education: \_\_\_\_\_ (years) Degree Earned: \_\_\_\_\_

Occupation (prior to retirement): \_\_\_\_\_

Type of Industry/Business: \_\_\_\_\_

Years in Occupation: \_\_\_\_\_

Residence: \_\_\_\_\_  
*Street Address City State Zip Code County*

Years Residing in Present County: \_\_\_\_\_

Father: \_\_\_\_\_  
*First Middle Last*

Father's Place of Birth: \_\_\_\_\_

Mother: \_\_\_\_\_  
*First Middle Maiden Name*

Mother's Place of Birth: \_\_\_\_\_

Legal Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Residence: \_\_\_\_\_  
*Street Address City State Zip Code County*

Selection of Services/Disposition (circle one): **Cremation** **Burial**

Place of Disposition: \_\_\_\_\_  
(aka final resting space: retain at residence, scattering, name of cemetery, etc.)