

THIS WOULD BE FOR YOUR INFORMATION ONLY NO INFORMATION IS SENT TO US  
**Suminski Family Funeral Homes**  
**REQUIRED INFORMATION FOR COMPLETION OF LEGAL DOCUMENTS**

Date: _____	(Please Print)	
<b>PERSONAL INFORMATION</b>		
Last name:	First:	Middle
Address: City: State: Zip:	Phone	
Social Security Number:	Date of Birth:	Place of Birth:
Occupation:	Business Type:	Employer:
Sex:    M    F	Age:	Race:
Marital status Single / Married / Divorced / Widowed		Highest Level Education:
Spouse (If any):		
Fathers Full Name:		
Mothers Full Name (Maiden Name):		
Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No NEED COPIES OF DISCHARGE PAPERS	Service Branch: Date Entered	Service Number: Date Discharged
<b>CEMETERY INFORMATION</b>		
	Marker on Lot Yes    No	
Cemetery Name:	Location (City State):	Block - Lot - Section - Row
<b>CONTACTS</b>		
Contact Person: Address: City State Zip	Phone:	
relationship to you: Spouse, Child , Other		
<b>Type of Service you want:</b>		

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List of Survivors for Newspaper or other publication:

Church Affiliation if Any:

Societies Belonged to:

Memorials You May want Used:

Comments:

HELP US IMPROVE      Selected us because/Referred to by (please check one box):  
 Family    Friend    Yellow Pages       Other   Specify:

WOULD YOU LIKE US TO CONTACT YOU    Yes    No   How: Mail, email other