



Heritage Cremation Society

Biographical Information

Please complete information for person services are intended for:

First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Inside City Limits Y N Zip: _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____ Email: _____

Date of Birth: _____ City of Birth: _____ State of Birth: _____
 SSN: _____ Race: _____ Male Female
 Occupation: _____ Type of Business: _____
Do not use "Retired" *Do not list employer*
 Education in Years (1-12): _____ College (1-4 or 5+): _____ Degree: _____

Marital Status: Married Divorced Widowed Never Married Married but Separated
 First Name of Spouse: _____ Middle Initial: _____ Last/Maiden Name: _____
 First Name of Father: _____ Last Name: _____
 First Name of Mother: _____ Maiden Name: _____

Next of Kin: _____ Relationship: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____ Email: _____

VETERANS INFORMATION

Branch of Military: _____ Rank: _____
 Date of Entry: _____ Date of Discharge: _____
PLEASE PROVIDE A COPY OF YOUR DISCHARGE PAPERS (DD-214)

Number of Death Certificates Requested: _____ Height: _____ Weight: _____

Administrative Office - 303 South Chapel Street • Louisville, Ohio 44641

1-800-864-2295 • (330) 875-5770 • Fax (330) 875-2931 • website: www.heritagecremationsociety.com • Email: john@heritagecremationsociety.com

Cleveland • Columbus • Cincinnati • Akron • Toledo • Youngstown • Canton • Massillon • Dayton

COMPLETE OBITUARY INFORMATION ON BACK SIDE

BIOGRAPHICAL INFORMATION

Religion:

Church:

List Clubs, Noteworthy Achievements, Etc.:

SURVIVING RELATIVES

Father:

Mother:

Husband / Wife:

Sons:

Daughters:

Brothers:

Sisters:

Grandchildren (No.):

Great Grandchildren (No.):

Deceased Relatives:

Newspapers Notices in: