



1721 Park St.
Perry, Iowa 50220-1191
515-465-8100
E-mail: marcus@carrisfuneralhome.com
Because A Family's Love Lasts Forever

PLEASE PRINT

Decedent – Name: _____
(FIRST) (MIDDLE) (LAST)

Age: _____ Date of Death: _____
(MONTH) (DAY) (YEAR)

Place of Death: _____ Cause of Death: _____
(CITY AND STATE)

Hospital or Institution: _____

Doctor's Name: _____

Date of Birth: _____
(MONTH) (DAY) (YEAR)

Place of Birth: _____
(CITY AND STATE)

Married, Never Married, Widowed, Divorced (specify): _____

Surviving Spouse (if wife, give maiden name): _____
(FIRST) (MIDDLE) (LAST)

Social Security Number: _____ Education (1-17): _____

Was deceased ever in U.S. Armed Services?: _____
(If yes, please bring in discharge papers if possible.)

Usual Occupation of Deceased: _____

Address of Residence: _____
(HOUSE NUMBER AND STREET)

(CITY, STATE & ZIP CODE)

Father's Name: _____
(FIRST) (MIDDLE) (LAST)

Mother's Maiden Name: _____
(FIRST) (MIDDLE) (LAST)

Family Contact Person: _____
(NAME) (PHONE)

(PO BOX OR HOUSE NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

Name of Cemetery: _____

Location: _____
(CITY AND STATE)

Visitation: _____
(DAY AND TIME)

Place of Service (check one) Carris Chapel Church

If church, give name and location: _____
Clergy person and funeral director must be contacted before service time is set.

Preference for day and time of service: _____

Memorials given to: _____

Please list names and telephone numbers for the people listed below and we will contact them when time and place of funeral service have been finalized.

Clergy: _____

Casket Bearers:

Honorary Bearers:

Fraternal Services: _____

Contact Person: _____

Organist: _____

Vocalist(s): _____

Music: _____

Check which newspapers you wish us to have the obituary printed in.

- | | |
|---|--|
| <input type="checkbox"/> Des Moines Register | <input type="checkbox"/> Perry Chief |
| <input type="checkbox"/> Jefferson Bee & Herald | <input type="checkbox"/> CHAT |
| <input type="checkbox"/> Dallas County Record | <input type="checkbox"/> Other (please list) _____ |

We will not contact any newspaper or radio station until you have given us the permission to do so.

OBITUARY INFORMATION – PLEASE FEEL FREE TO ADD ANYTHING NOT LISTED.

1. **Early Years**
 - A. Where lived while growing up: _____

2. **Education**

A. Grade School: _____
(Location and Years Attended)

B. High School: _____
(Location and Years Attended)

C. Past High School: _____

3. **Marriage**

A. Name of Spouse: _____

B. Date and Place of Marriage: _____

4. **Religious Affiliation if Applicable**

A. Church: _____

B. Offices Held in Church: _____

C. Baptized: _____
(Date and Location)

D. Confirmed: _____
(Date and Location)

5. **Work History**

A. Jobs Held: _____

B. Short History Appropriate: _____

C. Date of Retirement: _____

D. Hobbies: _____

6. **Armed Service Information**

A. War and Units Served With: _____

B. Date Entered Service: _____

C. Rank or Rating: _____

D. Discharged: _____

7. **Survivor's Names and Addresses**

A. Spouse: _____

B. Parents: _____

C. Sons: _____

D. Daughters: _____

E. Brothers: _____

F. Sisters: _____

G. Grandchildren: _____

H. Great Grandchildren: _____

I. Great Great Grandchildren: _____

J. Other Family Members not Listed: _____

8. **Preceded In Death By:** _____
