

J. M. White Funeral Home

Personal Information

Full Legal Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Email Address _____
Spouse's Name _____ Maiden Name _____
Father's Name _____ Mother's Full Maiden Name _____
Church Affiliation _____
Family Contact other than spouse _____

Education History

Highest Grade Completed _____ Years of College/Graduate School _____

Work History

Occupation _____ Company Name _____
Business Field _____

Military Service

Did you serve in the military? Yes No Branch of Service _____
Date of Enlistment _____ Date of Discharge _____

Service Requests

Place of Service _____
Place of Visitation _____
Memorial Contributions _____
Person in charge of final arrangements _____

Disposition Request

Burial or Cremation?
Do you wish to be viewed in the casket? _____ By family _____ By family and others _____
Cemetery _____
County _____ Telephone _____
I have a will Yes No I have life insurance Yes No

Other Information

Please include in this space any specific instructions you would like for our directors to know that you feel would help us assist you in planning your arrangements. Examples of this information include: specific clothing and jewelry choices, special persons to officiate in your service, or particular music you wish you be played.

I wish to be contacted by phone _____ Phone Number _____
I wish to be contacted by email _____ Email _____
Please fax this form to 252-438-8465.