



Funeral Home & Crematory
Established 1923

8057 Niles Center Road
Skokie, IL 60077-2599
Phone: (847) 673-6111/Fax: (847) 673-8976

info@habenfuneral.com

Funeral information for: _____

Date: _____

Biographical Information

Full Name: _____ Telephone Number: _____

Address: _____

Place of birth (city, state, country): _____

Date of birth: _____

Social Security Number: _____ - _____ - _____

Occupation: (prior to retirement, if retired): _____

Kind of business/industry, employer: _____

Education (highest grade completed): Elem./High School: ____ College: ____

Marital status: _____

Spouse's full name (maiden name, if wife): _____

Father's full name: _____

Mother's full maiden name: _____

Physician's name/ address: _____

Religious affiliation: _____

Name of Church: _____

Children:

Name

Address

Telephone

_____ (Continue p. 2)

Grandchildren:

Names: _____

Great grandchildren:

Names: _____

Brothers and sisters:

Names: _____

Member of the U.S. Armed Forces? Y N Branch of service: _____

Will you be able to provide the honorable discharge certificate from the service (DD Form 214)?

Y N

Fraternal, Service, Union, Civic and Club memberships:

<i>Funeral/Memorial Arrangement Information</i>
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Location of visitation/wake/memorial gathering: _____

Location of Funeral/Memorial Service: _____

Clergyperson/Celebrant: _____

____ Burial

____ Cremation

____ Entombment

If cremation, final resting place of cremated remains? _____

Cemetery name: _____ City, state, country: _____

Lot owner: _____ Lot/crypt description: _____

Special instructions/wishes regarding music, readings, flowers, pallbearers, jewelry, clothing, memorial contributions to charity, newspaper notices, obituary, memorial luncheon, etc.:

