

Funeral Home & Crematory, Inc.

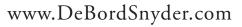
141 East Orange Street Lancaster, PA 17602 Phone: (717) 394-4097 Jeremy R. DeBord, Supervisor

2024 Marietta Avenue Lancaster, PA 17603 Phone: (717) 394-4097 Randy L. Stoltzfus, Supervisor

## Funeral and Interment Instructions

## VITAL STATISTICS RECORD

| Full Name                |           |                                 |                     |       |
|--------------------------|-----------|---------------------------------|---------------------|-------|
| Address                  |           |                                 |                     |       |
| City & Township/Borough  |           |                                 | State               | Zip   |
| Telephone (              | )         |                                 |                     |       |
| ☐ Never Married          | ☐ Married | ☐ Widowed ☐ Divorced            | Spouse of           |       |
| Date of Birth            | B         | erthplace (city, state, county) |                     |       |
| Occupation               |           |                                 | _ Industry          |       |
| Name of Father           |           |                                 |                     |       |
| Mother's Maiden N        | Jame      |                                 |                     |       |
| If Veteran, War and Rank |           |                                 | Social Security # _ |       |
| Highest Education Level  |           |                                 | Race                |       |
|                          |           | SURVIVO:                        | RS                  |       |
| Relationship             | Name      | Address                         | City                | State |
|                          |           |                                 |                     |       |
|                          |           |                                 |                     |       |
|                          |           |                                 |                     |       |
|                          |           |                                 |                     |       |
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|                          |           |                                 |                     |       |
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| For the purpose of relieving my                     |                                  | of the burden of making decisions and |
|---|----------------------------------|---------------------------------------|
| · ·   | Closest Relative)                |                                       |
| arrangements in the event of need, I herewith exec  |                                  | •                                     |
|   | tte and for DeBord Snyder Funera | Home & Crematory to                   |
| have charge of arranging complete details of sam    | e.                               |                                       |
| 2. I wish the services to be held at                |                                  |                                       |
| 3. My preferences for cemetery arrangements are_    |                                  |                                       |
|   |                                  |                                       |
|   |                                  |                                       |
| 4. My church affiliation is                         |                                  |                                       |
| 5. I would prefer as clergyman                      |                                  |                                       |
|   | clothing and prefer col-         |                                       |
| (If Applicable)                                     |                                  | (If Applicable)                       |
| 7. I wish newspaper notices in                      |                                  |                                       |
| 8. Member of the following organizations            |                                  |                                       |
| 9. Military Honors or Organization Services         |                                  |                                       |
| 10. I have viewed caskets/urns and would prefer _   |                                  |                                       |
| 11. I have viewed vaults and would prefer           |                                  |                                       |
| 12. Other instructions or remarks to help us person | nalize your service:             |                                       |
|   |                                  |                                       |
|   |                                  |                                       |
|   |                                  |                                       |
|   |                                  |                                       |
|   |                                  |                                       |
|   |                                  |                                       |
| Email address (If Applicable)                       | Date                             |                                       |
|   |                                  |                                       |
|   | Signature (Full N                | ume)                                  |

