



C LAYTON & M C GIRR

F U N E R A L H O M E

Robert C. McGirr
 Owner-Manager N.J. Lic.# 3273

For your convenience, this form may be printed to assist you at the time of arrangements. Please fill out as much information as possible.

Thank you.

PERSONAL INFORMATION	
Name (First, Middle, Last)	
Street Address	
City/Town	
State and Zip Code	
Home Phone	
Email Address	
Date of Birth (MM/DD/YY)	
Place of Birth	
Age / Sex	_____ Years _____M _____F
Social Security Number	
Marital Status	
Spouse's Name (Maiden)	
Father's Name	
Mother's Name	
EDUCATION and EMPLOYMENT INFORMATION	
Education (0-12 grade)	

College	
Occupation	
Employer	
Employer's Address	
Years Employed	
Retired	
VETERAN INFORMATION	
Veteran	
Branch of Service	
War(s) Participated in	
Date Enlisted	
Date Discharged	
Rank at time of Discharge	
INFORMANT'S INFORMATION	
Name (First, Middle, Last)	
Relationship	
Street Address	
City/Town	
State and Zip Code	
House Phone	
Cell Phone/Alternate Phone	
Email Address	
ADDITIONAL INFORMATION	
Clubs/Organizations	
Religious Affiliations	
Cemetery/Mausoleum	

Memorial Donations/Charity	
Type of Service Desired	
Geographical History	

PREDECEASED FAMILY	YEAR DECEASED

SURVIVING FAMILY	CITY AND STATE

ADDITIONAL INFORMATION
