

Funeral Instructions of

Date _____

Seawright Funeral Home, Inc.

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Inman, South Carolina 29349

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seawrightfh@aol.com

ph: 864-472-6836
Service with dignity and compassion
since 1925

www.seawright-funeralhome.com

Signature _____

Signature _____

VITAL STATISTICAL AND BIOGRAPHICAL RECORD

PERSONAL INFORMATION

NAME _____ TELEPHONE _____
SOCIAL SECURITY # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
COUNTY _____ IF RESIDENCE IN BORO or TOWNSHIP, Specify _____
LENGTH OF RESIDENCE _____ SEX _____ RACE _____
EDUCATION GRADE LEVEL _____ NAME _____

BIRTH INFORMATION

DATE OF BIRTH _____ CITY _____ COUNTY _____ STATE _____
FATHER'S NAME _____ RESIDENCE _____
MOTHER'S NAME _____ RESIDENCE _____

OTHER PARENTAL INFORMATION

MARITAL STATUS

SPOUSE NAME _____ (_____) _____
First Middle Maiden Last

SPECIAL SPOUSAL INFO

EMPLOYMENT RECORD

OCCUPATION _____ INDUSTRY _____
COMPANY _____ CITY STATE _____
YEARS EMPLOYED _____ YEAR RETIRED _____

MILITARY SERVICE

BRANCH _____ WAR _____ RANK _____ SERVICE NUMBER _____
ENLIST PLACE _____ DATE _____ VETERAN NUMBER _____
DISCHARGE PLACE _____ DATE _____ UNIT _____

RELIGIOUS AFFILIATION

CHURCH NAME _____ AFFILIATION _____
CITY/STATE/ZIP _____ TELEPHONE _____
SERVICE DATE _____ TIME _____ VISITATION DATE _____ TIME _____

CEMETERY INFORMATION

CEMETERY NAME _____ LOT _____ SECTION _____ GRAVE _____
CITY _____ STATE _____ TELEPHONE _____

NOTORIETY (membership in clubs, organizations, offices held, etc.)

INFORMANT - NAME _____ TELEPHONE _____ CELL _____
ADDRESS _____ RELATIONSHIP _____

VITAL STATISTICAL AND BIOGRAPHICAL RECORD

LIST OTHER FAMILY MEMBERS (If deceased indicate date of death in City State block)

Relationship	First Name	MI	last Name	Marital Status	Spouse 1st Name	City State Zip
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OTHER FAMILY INFORMATION

Grandchild

DONATIONS TO _____

ADDITIONAL OBITUARY INFORMATION

Funeral Instructions

The following information is for guidance at the time of my death. It is intended to assist those handling my personal affairs. I have expressed my preference on certain subjects which, unless changed by unexpected circumstances, I hereby desire and request:

1. I wish my services to be held at _____
2. I would prefer as clergyman _____
3. I have viewed caskets and would prefer _____
4. I prefer as an outer burial vault _____
5. I prefer: _____ Burial _____ Entombment _____ Cremation
6. I prefer _____ Public viewing _____ Family viewing _____ No viewing _____ Church service _____ No service
7. Newspapers: _____
8. Other Instructions _____

MEMORIALS _____ CARDS _____ FOLDERS _____ PHOTO ON MEMORIAL _____ PRAYER _____
REGISTER BOOK _____ STYLE DESIRED _____ FLOWERS _____