BERG MORTUARY

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Full Name _____ Sex_____ Age____ SS# ____ Date of Death ______ Time of Death _____ Place of Death _____ Facility of Death _____ Date of Birth _____ Birthplace Was decedent in the U.S. armed forces? Marital Status: □Never Married □Married □Widowed □Divorced □Married/Separated □Unknown Spouse (full maiden name) When Married Where If deceased, date of death _____ Occupation (before retirement) Type of Industry _____ Decedent's Address______Phone _____ City_____ State____ Zip ____ Father's full name Mother's full maiden name Informant_______Relationship_____ Address_____ _Phone _____ City & State_____Zip _____ Physician_____ Phone _____ Hispanic Origin-Yes/No (if yes, check all that apply) □Mexican, Mexican American, Chicano □Puerto Rican □Cuban □Other Spanish/Hispanic/Latino Check all that apply for race of decedent: □White □Black/ African Am. □Chinese □Japanese □American Indian/ Alaska Native □Native Hawaiian □Filipino □Asian Indian □Korean □Samoan □Vietnamese □Guamanian/ Chamorro **Decedent Education:** □8th Grade or less □9th-12th Grade, no diploma □High School Graduate/GED completed □Some College Credit, no Degree □Associate Degree □Bachelor's Degree □Master's Degree □Doctorate □None □Unknown Service Information--A copy of the discharge and service papers is required to receive military honors, veteran's flag, or headstone ☐ World War I – Apr 6, 1917 to Nov 11, 1918 □Gulf War – August 2, 1990 to ☐ Other ____ ☐ World War II – Dec 7, 1941 to Dec 31, 1946 ☐ Korean War – Jun 27, 1950 to Jan 31, 1955 ☐ Vietnam Era – Aug 5, 1964 to May 7, 1975 Date of entry into service _____ Place __ Serial Number_____ Grade, Rank, Rating _____ Organization & Branch ______ Date separated from service_____

RSONAL HISTORY: (Can include education, religious activity, civic activities, places lived, frate lers, job experiences, hobbies, and any other pertinent information).							

Surviving Spouse	Danal					
	Daugh					
NAME		CITY	STATE			
			eat-great-grandchildren			
PARENTS						
GRANDPARENTS_						
GREAT-GRANDPA	RENTS					
		Sisters (number)				
NAME		CITY	STATE			
			SIIIL			

SERVICES

Place			Time	M.	
Address					
Officiating		Phone	Phone		
Friends may call (place)				
Day	Date		Time	M.	
And at		Address			
Day	Date		Time	M.	
		INTERMENT			
Name of Cemetery					
City	County _		State		
Day		Date			
LotBlock	Section	Under what i	name		
		RANGEMENT CO			
		TIME	PLACE		
Obituary Information Photos to be used for ole Clothing for burial Information for Death O	oituary and cosme	tics			
Information for Funeral Military Discharge paper					