

Shalom Memorial Chapel's Confidential Fact Sheet

| | | | | | | | | | |
|---|---------------|---|------------------------|---------------|--|--|-------|--------------------|----------|
| First | | | Middle | | | Last | | | Gender |
| Age | Date of Birth | Birthplace | | | Race | Education Level Elem/Sec (0-12) ___ College (1-4, 5+) ___ | | | |
| Marital Status (Circle): Married, Never Married Widowed, Divorced | | Spouse First Middle Maiden | | | Telephone Number (Home) _____ (Cell) _____ (Work) _____ | | | Year Married _____ | |
| Occupation | | | | | Type of business or Industry | | | | |
| Residence Address | | | | City & County | | | State | | Zip Code |
| Father - First | | Middle | | Last | | Birthplace (State or Foreign Country) | | | |
| Mother - First | | Middle | | (Maiden) | | Birthplace (State or Foreign Country) | | | |
| Informant - Name (Next of Kin) | | | | | | Informant's Relationship | | | |
| Informant's Mailing Address | | | | | | Informant's Telephone Number (Home) _____ (Cell) _____ (Work) _____ | | | |
| Name of Doctor | | | Address of Doctor | | | Telephone of Doctor | | | |
| Name of Clergyman | | | Telephone of Clergyman | | | Temple Affiliation of Clergyman if known | | | |
| Resident of: _____ Since: _____ (year) | | | | | Social Security Number: | | | | |
| Previous Resident of: _____ for () years | | | | | | | | | |
| Previous Resident of: _____ for () years | | | | | | | | | |
| Work History (Or Homemaker) | | | (Town/City) | | | (Position) | | | |
| Worked at _____ | | | in _____ | | | as _____ for () years | | | |
| Worked at _____ | | | in _____ | | | as _____ for () years | | | |
| Worked at _____ | | | in _____ | | | as _____ for () years | | | |
| Retired: () years ago | | | | | | | | | |
| Cemetery: Lincoln Park or Other: | | | | | | Phone #: | | | |
| Organizations, Clubs, Schooling, Volunteer Work, Awards, Special Interests (avid reader, golfer, knitter, etc.) (More space on reverse side) | | | | | | | | | |
| Hebrew Name: | | | | | | | | | |

| | | | |
|--|---------------------|-------------------------|-------|
| Father: | Mother: | Husband: | Wife: |
| Address | | Telephone Number | |
| Sons: | | | |
| Daughters: | | | |
| Brothers: | | | |
| Sisters: | | | |
| Grandchildren: | Great-Grandchildren | Gr. Gr. Grandchildren | |
| Veteran: (WWII) (Korean) (Viet Nam) (Other) | If overseas, where? | | |
| Branch: (Army) (Navy) (Air Force) (Marines) (Coast Guard) (Army Air Corps.) | Rank: | | |
| In lieu of flowers, contributions may be made to: | | (Your Favorite Charity) | |
| Name of Organization: | | | |
| Address of Organization: | | | |
| Newspapers: (Providence Journal) (Jewish Voice & Herald) | Telephone # : | Fax # : | |
| Other Newspapers: | | | |
| Shiva: (Public) or (Private) | | Number of days: | |
| Location where Shiva will be held: (Late Residence) | | | |
| Other Address: | | | |
| Additional Space for Organizations, Etc. | | | |