



557 East Water Street • Hughesville, PA 17737
Phone: (570) 584~2981 • Fax: (570) 584~2390
Kenneth G. Thomas, Supervisor

www.mccartythoms.com

119 Carpenter Street • Dushore, PA 18614
Phone: (570) 928~8594 • Fax: (570) 584~2390
Michael L. Hacker, Supervisor

FUNERAL ARRANGEMENT INFORMATION

Full Name: _____
First Middle Last

Name for Newspaper: _____
(Include "Nickname" if appropriate)

Residence: _____
Street and Number City/Town Zip

State County Township (if applicable)

Marital Status: Never Married _____ Married _____ Widowed _____ Divorced _____

If Married, Date of Marriage: _____

Full Name of Spouse: _____ Date of Death: _____
(If wife, maiden name) (If spouse is deceased)

Date of Birth: _____ Place of Birth: _____
(City/Borough/Township) (County) (State)

Social Security Number: _____ Ever Serve In US Armed Forces: Yes No

Education: (Only highest grade completed) Elementary/Secondary (0-12) _____ College(1-4 or 5+) _____

Usual Occupation: _____
Job Title Type of Business or Industry

Father's Full Name: _____
First Middle Last

Mothers Full Name: _____
First Middle Maiden Name

Cemetery: _____

Name of Lot Owner: _____ Lot _____ Section _____

Biographical Information

Education: (Schools/Colleges attended, dates of graduation and degrees attained)

Employment: (Places of employment, positions held, years of service and retirement date)

Church Membership: (Name of church & positions or offices held)

Fraternal, Service, Social & Veterans Organizations: (Indicate whether former or current and positions held)

Hobbies or Other Biographical Information for Newspaper:

Survivor Information

Please supply the names as you would like them to appear in the newspaper. We also need name of city or town in which they reside. Survivors that are step or half relation may also be included.

Parents: _____
(Mothers maiden name)

Spouse: _____
(Maiden name if wife)

Sons: _____

Daughters: _____

Brothers: _____

Sisters: _____

Grandchildren: _____ Great Grandchildren: _____ Great-Great Grandchildren: _____

Step-Grandchildren: _____ Step-Great Grandchildren: _____ Step-Great Great: _____

Predeceased by

Veteran Information

Information regarding a veteran's military service is needed in order to file for American Flag, obituary info. and possible veterans benefits. Two common sources of information are discharge and separation papers.

Branch of Service: _____

Serial Number: _____

File or VA claim # if you have one: _____

Date entered into active service: _____

Place of Entry: _____

City

State

Date of discharge from active service: _____

Place of Discharge: _____

Base

City

State

Grade, Rank or Rating: _____

Organizations Served With: _____

Was discharge honorable: _____

CONTACT INFORMATION

Name _____ Address _____

City _____ ST _____ Zip _____

Phone h _____ c _____ e-mail _____

Name _____ Address _____

City _____ ST _____ Zip _____

Phone h _____ c _____ e-mail _____

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Phone h _____ c _____ e-mail _____