



P.O. BOX 200  
GREENVILLE, RI 02828  
(401) 949-0180  
info@andersonwinfield.net

## BIOGRAPHICAL INFORMATION REQUIRED

FIRST NAME		MIDDLE NAME	LAST NAME
MAIDEN NAME		SOCIAL SECURITY NUMBER	US WAR VETERAN: YES <input type="checkbox"/> NO <input type="checkbox"/>
RESIDENCE ADDRESS		YEARS RESIDING	
CITY	STATE	ZIP CODE	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
TOWN OF FORMER RESIDENCE		YEARS RESIDING	
DATE OF BIRTH		BIRTHPLACE	
FIRST NAME NAME OF FATHER	MIDDLE NAME	LAST NAME	
FIRST NAME NAME OF MOTHER (INCLUDE MAIDEN NAME)	MIDDLE NAME	LAST NAME	MAIDEN NAME

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FATHER'S BIRTHPLACE

MOTHER'S BIRTHPLACE

HISPANIC: YES  NO

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ETHNIC ORIGIN

RACE

MARITAL STATUS: MARRIED  WIDOWED  NEVER MARRIED  DIVORCED

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FIRST NAME

MIDDLE NAME

LAST NAME

MAIDEN NAME

SPOUSE'S NAME (INCLUDE MAIDEN NAME)

### USUAL OCCUPATION

*Give kind of work done during most of working life. **DO NOT** use retired.*

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OCCUPATION

EMPLOYER

YEARS EMPLOYED

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OTHER PLACES OF EMPLOYMENT YOU MAY WANT TO INCLUDE IN NEWSPAPER NOTICE

### DECEDENT'S EDUCATION

Write in one of the following choices that corresponds to the highest level of education that the decedent completed.

- |  |   |
|--|---|
| <input type="checkbox"/> DOCTORATE OR PROFESSIONAL DEGREE  | <input type="checkbox"/> MASTER'S DEGREE            |
| <input type="checkbox"/> BACHELOR'S DEGREE   | <input type="checkbox"/> ASSOCIATE DEGREE           |
| <input type="checkbox"/> SOME COLLEGE, BUT NO DEGREE   | <input type="checkbox"/> HIGH SCHOOL DIPLOMA OR GED |
| <input type="checkbox"/> IF THE DECEDENT DID NOT GRADUATE HIGH SCHOOL, PUT THE HIGHEST GRADE COMPLETED |   |

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**SURVIVORS**

NAME

RELATIONSHIP

CITY & STATE OF RESIDENCE


PREDECEASED FAMILY MEMBERS – *Name only required.*


CLUBS/ORGANIZATIONS/HOBBIES


**VETERAN’S SERVICE RECORD**

*Veteran’s service information can be obtained from the DD 214 (Discharge Papers). A DD 214 is a **REQUIRED** document for **ANY** military honors or burial.*

\_\_\_\_\_  
DATE & PLACE ENTERED SERVICE    DATE & PLACE DISCHARED

\_\_\_\_\_  
BRANCH OF SERVICE    RANK AT TIME OF DISCHARGE    SERVICE SERIAL NUMBER OR CLAIM NUMBER

**CEMETERY INFORMATION**

\_\_\_\_\_  
CEMETERY NAME    LOT    SECTION NUMBER    DATE OF LAST INTERMENT IN LOT

**CHURCH & CLERGY NAME INFORMATION**

\_\_\_\_\_  
CHURCH    CLERGY NAME

MEMORIAL CONTRIBUTIONS REQUESTED:      YES         NO  

\_\_\_\_\_  
NAME OF CHARITY/CHARITIES OR ORGANIZATION/S

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY    STATE    ZIP CODE

**PICTURE**

A picture can be used in the newspaper with the obituary or it may be used for the hairdresser to reference.

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NEXT OF KIN NAME

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CONTACT #

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NEXT OF KIN EMAIL

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ADDRESS

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CITY

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STATE

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ZIP CODE

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SENDER'S NAME

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SENDER'S EMAIL

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SENDER'S CONTACT #