

Pickering Funeral Home

403 N. Western
(573) 581-3207

Mexico, MO 65265
(888) 581-3207

Funeral Instructions for

In case of death **anywhere**, notify us - **First!**

We will make all necessary arrangements.
This will avoid duplication of charges, which will *save money*.

This guide will be very important to your next of kin. Keep it in a semi-private place where it will be readily available. You may want to provide a copy for your family. You should also place a copy on file at the funeral home. You may simply call or stop by to update or change the information at any time.

Do not place this guide in a safety deposit box.

VITAL STATISTICS

The following information is required for a death certificate.
Please answer all questions carefully.

Date _____

Full legal name _____

Name as you would like for newspaper

Address _____

City, State, Zip _____ Phone _____

County of residence _____ Inside the city limits? Yes No

Number of years at present address _____

Sex _____ Race _____ Marital status _____

Citizen of what country? _____ Date of birth _____

Birthplace (City and State) _____

Full name of Father _____

Full maiden name of Mother _____

Occupation Do not use retired (i.e. brick setter) _____

Employer (i.e. firebrick company) _____

Social security number _____

Spouse (If wife, give maiden name) _____

Date of marriage _____ Place of marriage _____

Is spouse deceased? Yes No If yes, Date of death _____

Additional spouse _____

Education (Highest grade completed) _____

Are you a veteran? Yes No

Name war and branch of service _____

Rank and service number _____

Date enlisted _____ Place enlisted _____

Date discharged _____ Place discharged _____

Location of discharge papers _____

INFORMATION FOR OBITUARY IN NEWSPAPER

Church member _____ Location _____

Offices or service _____

Clubs and organizations (Civic, Fraternal, other) _____

Name of employer (i.e. A. P. Green Company) _____

How long employed? _____

Retired? _____ When?

Additional employment information _____

Memorials to _____

Other biographical information

SURVIVING RELATIVES
Please list name and location (city and state)

Parents (if living) _____

Spouse _____

Sons _____

Daughters _____

Brothers _____

Sisters _____

Grandchildren (No.) _____ Great-Grandchildren (No.) _____

Other _____

Preceded by _____

SERVICE DETAILS

Choice of Funeral Home *Pickering Funeral Home*

Location of service Funeral Home _____ Church _____

Clergy _____

Music preferences

Vocal _____ Soloist _____

Organ Only _____ Organist _____

Names of songs _____

Other special requests regarding services _____

Pallbearers _____

My choice of clothing _____

Jewelry to be worn _____

Hairdresser _____

Special cosmetic instructions _____

Cemetery or place of disposition _____

Location of space in cemetery _____

Additional newspapers and radio to notify _____
