



A Tradition of Caring ~ Over 90 Years of Trust

CUMMINGS

FUNERAL SERVICE INC.

214 Sterling Street
Watertown, NY 13601
(315) 782-0830

320 John Street
Clayton, NY 13624
(315) 686-5101

Name: _____ Age: _____ Nickname: _____

Home Phone: _____ Date of Death: _____ Time: _____

Place of Death: _____

If Facility, Date Admitted: _____

Doctor: _____ Med. Rec. #: _____

Residence: _____

Town, Village, or City of: _____ County: _____

Calling Hours: Day: _____ Time: _____

Prayer Service: Day: _____ Time: _____

Funeral/Memorial Service: Day: _____ Time: _____

Place: _____

Officiant: _____

Burial: _____

Donations: _____

Date of Birth: _____ Place of Birth: _____

Father: _____

Mother (1st and maiden): _____

Schooling: _____

Marriage: To: _____

Date: _____ Place: _____

Officiant: _____

Spouse deceased date: _____

Main Occupation: Job Title: _____

Type of Business: _____

Employer: _____

Years employed: _____ Retirement Date: _____

Military Information: Branch: _____ Service #: _____

Dates: Entry: _____ Discharge: _____

Medals: _____

Other Information: _____

(Use back for additional information on any of the above)

Social Security Number: _____

Church & Church Organizations: _____

Organizations: _____

Hobbies: _____

Additional Info.: _____

SURVIVORS: Name & spouses name, city and state of residency, deceased.

Spouse: _____

Parents: _____

Grandparents: _____

Son(s): _____

Daughter(s): _____

of Grandchildren: _____ # of Great-grandchildren: _____

of Great-great-grandchildren: _____ (write names on back of sheet if you wish)

Brothers: _____

Sisters: _____

Write yes or no, and numbers if you wish for: Aunts: _____ Uncles: _____

Nieces: _____ Nephews: _____ Cousins: _____

Informant's name, address, telephone number(s): _____
