

BECHER FUNERAL HOME REPORT FORM

812-367-1590

Name _____ Age _____ Occupation _____
Address _____ County _____ Phone No. _____ Zip Code _____
Place of Death _____ Date of Death _____ Time _____

Date of Birth _____ Place of Birth _____
Education _____ Name of Attending Physician _____
Father's Name _____ Mother's Maiden Name _____
Married, to Whom? _____ If Widowed, When? _____
Date _____ Place _____

Survivors:
Husband or Wife _____
Children and Addresses _____

Brothers and Sisters and Addresses _____

No. of Grandchildren _____ No. of Great-Grandchildren _____
Deceased Members of Family _____

Friends May Call After _____ At Becher Funeral Home, Ferdinand _____
Funeral Services Will Be Held In _____ Date _____ Time _____

Burial _____
Informant _____ Address _____

Social Security No. _____

V.A. INFORMATION:

Name on Discharge, Rank, Serial No. _____

Date Entered _____ Where _____ Branch of Service _____

Date Discharged _____ Where _____

Command _____

Other Information: _____ () Ferd. & Spencer Co. Leader () Vault () V.A. Papers

_____ () Courier _____ Date _____

_____ () Flowers () Social Security Papers

_____ () Herald _____ Date _____

_____ () Opening Grave () Death Certificate Filed

_____ () WBDC _____ Date _____

_____ () Confirm Funeral () Certified Copies

_____ () WTTZ _____ Date Ordered _____

_____ () Temp. Grave Marker _____

Voting Address For Last Five Years _____

