

Biographical Information Form

Please print this form and then fill in as much information as possible. You may FAX this form to us at 616-395-3629 or bring it with you to your arrangement appointment at the funeral home. Any information you submit will be held in the strictest confidence.

Lakeshore Memorial Services, Inc.

11939 James Street
Holland, Michigan 49424
Phone: 616-395-3630
FAX: 616-395-3629

Arrangements for: (Full Legal Name)		Male (Please Circle)	Female
Date of Death:	Date of Birth:		
Name at Birth: (Maiden Name)	Birthplace: (City and State)		
Current Residence: (Number and Street)			
City:	State:	Zip Code:	
County:	City or Township:		
Home Phone: ()			
Social Security Number:	Education: (Highest Level completed)		
Race:	Ancestry:	Hispanic? (Please Circle) Yes No	
Employer:	Veteran? (Please Circle) Yes No		
Branch of Service: (If a Veteran)	Entry Date:	Discharge Date:	
Usual Occupation: (Mechanic, Welder, Nurse)			
Kind of Business (Tool & Die, Medical, Customer Service)			
Marital Status: (Please Circle) Married Never Married Divorced Widowed			
Surviving Spouse: (If wife, use maiden name)			
Father's Name:		Mother's Maiden Name:	

Informant's Name:		Relationship:
Address:		
City:	State:	Zip:
Phone Number: ()	E-Mail:	