



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	

FATHER'S BIRTHPLACE

MOTHER'S BIRTHPLACE

HISPANIC: YES NO

ETHNIC ORIGIN

RACE

MARITAL STATUS: MARRIED WIDOWED NEVER MARRIED DIVORCED

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.

OCCUPATION

EMPLOYER

YEARS EMPLOYED

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 |
| <input type="checkbox"/> IF THE DECEDENT DID NOT GRADUATE HIGH SCHOOL, PUT THE HIGHEST GRADE COMPLETED | <input type="checkbox"/> GED |

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 DISCHARGED

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.

NEXT OF KIN NAME

CONTACT #

NEXT OF KIN EMAIL

ADDRESS

CITY

STATE

ZIP CODE

SENDER'S NAME

SENDER'S EMAIL

SENDER'S CONTACT #