



HULKE FAMILY FUNERAL HOME AND CREMATION SERVICES

3209 Rudolph Road, Eau Claire, Wisconsin 54701

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DECEASED'S FULL NAME (First, Middle, Last): _____

DECEASED'S MOST RECENT ADDRESS: _____

DECEASED'S DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

DECEASED'S SOCIAL SECURITY NUMBER: _____ -- _____ -- _____

FATHER'S FULL NAME: _____

MOTHER'S FULL NAME (Maiden): _____

DECEASED'S LONGEST OCCUPATION (Use One): _____

TYPE OF BUSINESS OR INDUSTRY: _____

EDUCATION (Years of Schooling): _____

SERVICE IN ARMED FORCES (Please Circle One): YES NO WHICH BRANCH: _____

MARITAL STATUS (Please Circle One): NEVER MARRIED MARRIED DIVORCED WIDOWED

LIVING SPOUSE'S NAME (Maiden): _____

LIVING SPOUSE'S ADDRESS: _____

LIVING SPOUSE'S PHONE NUMBER: _____

DOCTOR'S NAME: _____ **CHURCH AFFILIATION:** _____

NAME OF CEMETARY: _____

LOTS IN THE NAME OF: _____

ADDITIONAL INFORMATION; i.e. former residence, memberships of organizations, public offices held, date of marriage and to whom, date of death of spouse, survivors can also be listed, if you wish:
