HOOD MORTUARY PRE-ARRANGED FUNERAL INSTRUCTIONS

1261 East Third Avenue P.O. Box 7 Durango, Colorado 81302 970/247-2312 Fax 970/247-4225

VITAL STATISTIC INFORMATION

Full Name			Social Sec	curity #	
Physical Address			Within City Limits?		
City	County _		State	Zip Code	
Birth Date		Birth Place			
Occupation Type o		_ Type of Industr	Industry		
Marital Status (If Married, Date	& Place of Marriage)				
Spouse	(Wife's Maiden N	Physic	cian		
Father's Name		Mother's Name	e	(Maiden Name)	
				(Maiden Name)	
Address			Phone		
Place of Service					
				ide By	
Visitation	Public		_ Private		
Type of Disposition	Place of	Disposition			
Block	Lot / Section / Tier	Grave (s)		_ City & State	
Casket / Cremation Contain	er	Outer Bur	ial Contair	ner / Urn	
Bearers					

SURVIVING RELATIVES

Name	Relationship	City, State
Biographical Information (Details of life	career, church, organization membership	o etc
Diographical information (Dotalic of inc,	oaroor, oraron, organization memberenip	, 0.0
Insurance		
Personal Requests (Clothing, jewellery,	flowers, memorial contributions, post fund	eral reception, etc.)
The information provided herein is for guaffairs. I have expressed my preference desire and request.	uidance at the time of my death. It is interes on certain subjects which, unless chang	nded to assist those handling my personal red by unforeseen circumstances, I hereby
Signature	Dated this day of	of 19

DO NOT STORE THIS COMPLETED FORM IN A SAFETY DEPOSIT BOX.
DISCUSS THIS INFORMATION WITH YOUR SURVIVORS AND KEEP IT IN AN ACCESSIBLE PLACE.