Name		Age	Vet
Address		SS#	
DOD			
Illness	How Long		
DOB	Place of Birth		
	School		
Occupation			
Spouse			
Date of Marriage	Place of Marriage		
Daughters			
9			
Sons			
p			
2			
Grandchildren	Great Grandchildren_		
Parents			
Sisters			
Brothers			
Organizations			
Funeral Services at			
Time and Date			
Visitation			
Memorials			