

# HOLT WOODBURY FUNERAL HOME, LLC.

32 School Street  
Hillsboro, New Hampshire 03244  
(603) 464-5501  
(603) 428-3215

CASE NO.

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF DEATH \_\_\_\_\_ HOUR \_\_\_\_\_

Arrangement Appointment Time \_\_\_\_\_  At Funeral Home  At Residence

## VITAL STATISTICS

DECEASED'S ADDRESS		CITY - STATE - ZIP		COUNTY
PLACE OF DEATH		CITY - STATE - ZIP		COUNTY
SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE - ETHNICITY	MARITAL STATUS	CITIZEN	
BIRTHPLACE		DATE OF BIRTH		
FATHER'S NAME		HIS BIRTHPLACE	MOTHER'S MAIDEN NAME	HER BIRTHPLACE
OCCUPATION		EMPLOYER		
SOCIAL SECURITY NO.		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
IF VETERAN, NAME WAR AND BRANCH OF SERVICE		RANK AND SERVICE NO.		
INFORMANT'S NAME AND ADDRESS			TELEPHONE	
CERTIFICATE SIGNED BY		CAUSE OF DEATH		
HIGHEST EDUCATION		OTHER INFORMATION:		



## BIOGRAPHICAL INFORMATION

LENGTH OF TIME LIVING HERE

COMING FROM

RELIGION

CHURCH

LIST CLUBS, NOTEWORTHY ACHIEVEMENTS, ETC.

## SURVIVING RELATIVES

FATHER

MOTHER

HUSBAND/WIFE

SONS

DAUGHTERS

BROTHERS

SISTERS

GRANDCHILDREN (No.)

GREAT GRANDCHILDREN (No.)



## SERVICE DETAILS

PLACE:

DATE:

TIME:

CLERGY:

MUSIC:

FAMILY WILL SIT IN:  Chapel  Family Room No. of Seats Reserved:

NO. OF FAMILY CARS:

Address:

PALLBEARERS:

HONORARY PALLBEARERS:

VIEWING:

VISITATION HOURS:

ROSARY/WAKE SERVICE:

IN LIEU OF FLOWERS:

## FINAL DISPOSITION

BURIAL  ENTOMBMENT  CREMATION Date:

CEMETERY/CREMATORY:

City: County: State:

Grave No.: Lot: Section: Block:

Lot Owner:

If Cremation, Disposition of Ashes:

## MISCELLANEOUS

CASKET: Manufactured by: Model #

OUTER ENCLOSURE: Manufactured by: Model #

URN: Manufactured by: Model #

CLOTHING:

AUTOPSY:  Yes  No REMOVAL BY:

EMBALMING AUTHORIZATION RECEIVED  EMBALMING BY: