

VITAL STATISTICS RECORD

(Last Name)

(First Name)

(Middle Name)

Residence No. _____ City _____ Phone _____

Single-Married-Widowed-Divorced _____ Husband or Wife of (Maiden Name) _____

Date of Birth (Year) _____ (Month) _____ (Day) _____

Birthplace — City _____ State _____

Occupation (do not use retired) _____ Kind of Business _____

Name of Father _____ Mother's Maiden Name _____

Social Security No. _____ City _____ State _____

If Veteran, Name of War and Rank _____ Serial No. _____

In the Event of My Death, Please Notify _____

Relationship:	Name:	Address:	City	State

Executed Copy of This Instrument Is Held By:

(Name of Friend or Relative)

Address _____ City _____ State _____

Phone No. _____

**Funeral
Instructions
for**

Please return to:

MEYERS FUNERAL HOME

741 Delaware Avenue

Delmar, New York 12054

(518) 439-5560

Martins Hill Road

Ravena, New York 12143

(518) 756-1080

Funeral Instructions

For the purposed of relieving _____ of the burden of making decisions and arrangements in the event of need, I herewith execute definite instructions regarding my funeral services.

1. I wish my funeral to be public private

2. I wish the services to be held at _____

3. I have viewed caskets and would prefer _____

4. I have viewed vaults and would prefer _____

5. I wish my funeral expense to total _____ and to include _____

6. I desire _____ clothing and prefer _____ color.
(New or Your Own)

7. My preference for burial arrangements is as follows: _____

8. My church affiliation is _____

9. I would prefer as clergyman _____

10. If in church I wish the following music _____

11. Other instructions or remarks: _____

Witnesses:

(Signature—Full Name)