Lee Funeral Home
& Cremation Service

720 Buol Lane Pahrump, NV 89048 (775) 727-1888 / FAX: (775) 727-1881

Personal Data Form

Name: SSN:

Decedent's Physical Address: City:

County: State: ZIP:

Sex: Race: Was Decedent of Spanish Origin No

Birth Date: Birth State: Citizen of USA Yes

Marital Status: Married Never Married Widowed Divorced (other)

Surviving Spouse (if wife, give maiden name):

Years of Education (diploma or degree held)

Usual Occupation:
(can not use retired) Industry:

Father's Name: Mother's First and Maiden Name:

Veteran: Yes No Branch of Service: Please submit Discharge Papers to Lee Funeral Home

Informant: Relationship:

Address: Phone:

City, State, Zip:

Number of copies of death certificate for Funeral Home to order:

Please read and check that all information is correct before signing. Any missed information given by the informant is the responsibility of the informant to have corrected. I have read all of the information on the Personal Data Form and it is all correct and satisfactory.

Signature: _____ Date: