

714 N. Owaissa Street Appleton, WI 54911 P. 920.733.5629

F. 920.733.6653 www.RiversideCemeteryAppleton.com

## **INDIVIDUAL SERVICE PROFILE**

To help you prepare...

This form has been designed to have your important information on file with us and this will be beneficial at the time of your final arrangements. The information will assist us with the documents and final wishes for your service here at Riverside Cemetery. Please take a few moments to complete this form as thoroughly as possible. Thank you.

Arrangements being made for (full name)
Address
CityState Zip Telephone ( )
ocial Security Number Birthdate and place
ather's Name Mother's Maiden Name
Marital Status: Name of Spouse
Contact person:
( )
Military Service: Branch Rate/Rank
Inlistment Date Discharge Date
ervice Number Service in War
Religious Affiliation and Clergy
uneral Service Preference: Funeral Home Church Graveside Only Other
uneral Home Selection: Attorney
Disposition Preference: Burial Entombment CremationOther
Cemetery Location Block/Lot/Grave
Narker Preference
nformation provided by Date