

**KREIDLER FUNERAL HOME, INC.**

**314 N. 10th Street McAllen, Texas 78501 (956) 686-0234 Kreidler@sbcglobal.net**

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Completion this form allows completion of the Death Certificate, funeral home & federal paperwork, and the Obituary. The information in the first section is required by the Texas Department of Health.

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Name of Deceased: \_\_\_\_\_  
First Middle Last (Maiden)

Date of Death: \_\_\_\_\_ Sex M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace (city and state or foreign country): \_\_\_\_\_

Social Security number of deceased \_\_\_\_\_ (not Medicaid or spouse's number)

Marital Status M D Surviving W NM Spouse (with MAIDEN name) \_\_\_\_\_ age \_\_\_\_\_

Address of Deceased: \_\_\_\_\_  
Street City State Zip Code County

In City Limits Y N \_\_\_\_\_  
Phone Number Next of Kin Name & Phone Number

PRIVACY OPTION: As a rule, we do not give out your personal information, but people call and ask for phone numbers and mailing addresses, with your permission, may we give this out? YES NO

Father's Name: \_\_\_\_\_ Living or Deceased

Mother's First and MAIDEN Name: \_\_\_\_\_ Living or Deceased

<b>Decedent's Race</b>	<b>Decedent of Hispanic Origin?</b>	<b>Decedent's Education</b>
____ White	____ No, not Spanish, Hispanic/Latino	____ 8 <sup>th</sup> grade or less
____ Black or African American	____ Yes, Mexican, Mexican American	____ 9 <sup>th</sup> – 12 <sup>th</sup> grade, no diploma
____ Chinese	____ Yes, Puerto Rican	____ High school graduate or GED completed
____ Filipino	____ Yes, Cuban	____ Some college credit, but no degree
____ Japanese	____ Yes, other Spanish/Hispanic/Latino	____ Associate degree (e.g., AA, AS)
____ Korean	Specify _____	____ Bachelor's degree (e.g., BA, AB, BS)
____ Vietnamese		____ Masters degree (e.g., MA, MS, MEng, Med, MSW, MBA)
____ Other (Specify) _____		____ Doctorate (e.g., PhD, EdD) or
		Professional degree (e.g., MD, DDS, DVM, LLB, JD)

U.S. Armed Services Veteran: Yes No Branch of Service: \_\_\_\_\_  
If yes, we will need a copy of the Discharge Certificate or Form DD-214.

Was the decedent ever a Peace Officer in the state? Y N

Decedent's Usual Occupation (Do Not Use Retired) \_\_\_\_\_

Type of Business or Industry \_\_\_\_\_

Dr.'s Name & Address or Number: \_\_\_\_\_

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Obituaries & Pictures can be e-mailed to us – Kreidler@sbcglobal.net  
Survivors information on back

***SURVIVORS NAMES (Include Spouse if living)***

***RELATIONSHIP***

***CITY & STATE***

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**Name and Location of Cemetery:** \_\_\_\_\_  
County

**Memorial Contributions:** \_\_\_\_\_

**In lieu of flowers? Y N**

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Please provide the following information for the *INFORMANT AND/OR PURCHASER*. This is the person or persons that will assume financial responsibility for the funeral service charges and give the information concerning the Deceased. The information is also needed to complete the associated forms as required by: KREIDLER FUNERAL HOME, INC., UNITED STATES FEDERAL TRADE COMMISSION & the TEXAS FUNERAL SERVICE COMMISSION.

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***SECTION FOR INFORMANT AND/OR PURCHASER INFORMATION***

Name \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City/State/Zip Code

Mailing Address: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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