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Personal Data Form

McGann Hay

Funerals | Cremations | Gatherings

Mailing Address: 2313 E. Edison Rd. South Bend, IN 46615-3515

Phone: 574-232-1411 ~~888-574-2880~~ www.McGannHay.com Email: pat@mcgannhay.com

Note: Please type or print. Fill in all blanks. This information will be used for public records and obituary.

Fax: 888-855-1765

THIS SECTION FUNERAL HOME USE ONLY!

Dr. _____
Coroner's Case Y-N _____

Address _____

City, St, Zip _____

Phone _____

CC's # _____

Cost _____

1st Add'l _____

VA Copy Y N _____

OBITS

Who to write? MH-F _____

SBT Y-N _____

Pd Days 1-2-3-4 _____

Free Day _____

Picture Y-N _____

Who to send? MH-F _____

Icon Y-N, S, F, C _____

Cost \$ _____

OTHER PAPERS?

1) City _____

Name _____

Pd Days 1-2-3-4 _____

Free Day _____

Picture Y-N _____

Who to send? MH-F _____

Icon Y-N, S, F, C _____

Cost \$ _____

2) City _____

Name _____

Pd Days 1-2-3-4 _____

Free Day _____

Picture Y-N _____

Who to send? MH-F _____

Icon Y-N, S, F, C _____

Cost \$ _____

3) City _____

Name _____

Pd Days 1-2-3-4 _____

Free Day _____

Picture Y-N _____

Who to send? MH-F _____

Icon Y-N, S, F, C Cost _____

S _____

Clergy

Cemetery _____

Military Honors _____

Flag _____

SS Faxed _____

Folders Cards _____

Style _____

Verse _____

Casket _____

Vault _____

Info to Ans. Ser. _____

Ashes _____

URN Y N _____

#1 Type _____

#2 Type _____

#3 Type _____

Other ash out? _____

Y N # _____

To: _____

Name _____ Age _____ Nickname in paper? Yes No
first middle (maiden) last

Day & Date of Death _____ Time of Death _____ AM PM City & State of Death _____

Address or Name of Institution of Death _____ County of Death? _____

Residence address _____ Apt/Lot # _____ Phone _____

City _____ State _____ Zip _____ In city limits? Yes No

Is residence a farm? Yes No Sex: Male Female Cause of Death? Natural Accident Suicide Homicide

Coroner contacted? Yes No Who? _____ Phone: _____

Social Security No. _____ Date of birth _____ City of birth _____

Married Date _____ City: _____ Never Married Widowed Divorced Married but Separated

Spouse's name or maiden name _____ Spouse's date of death _____

Spouse's Date of Birth _____ Spouse's Social Security Number _____

Father _____ Mother _____
Full name: first middle last Full name: (maiden name) include last name at time of death?

If Jewish: Hebrew Name _____ Father's Hebrew Name _____

Race: White Black Native American Asian Hispanic _____ Other: _____

If Hispanic specify Cuban, Mexican, Porto Rican, etc.

Education: CIRCLE: 1-8 9-12 HS Diploma/GED Some College did not graduate? College: Associates, BA, BS, Masters, PhD, MD, JD, DDS

Usual occupation _____ Type of industry _____

Give type of work done during most of life, even if retired.

Auto, Steel, Paper, Mining, Medical, Education

Retired? Yes No If yes, date of retirement? _____ Still working? Yes No Number of years there? _____

Name of company _____ City & State _____ Last Position _____

Next of kin or contact person _____ Relationship _____

Address _____ Apt. _____ Phone(s): _____

City _____ State _____ Zip _____ Email _____

Obit Condolence Service? Yes No

Clergy Person _____ Phone(s) _____

Place of Worship _____ Position _____

Services: Day, time, place: _____ Wake Service Rosary Fraternal Time _____

Visitation: Day, time, place: _____ 2nd Visitation _____

Disposition of remains: Burial Cremation Entombment Cremation then Burial Other _____

Cemetery _____ City & State _____ Phone _____

Were you or your spouse ever in military service? Yes No Which? Self Spouse If yes, please attach Honorable Discharge (DD-214).

SURVIVORS:

Name and Spouse or Companion

City & State

Relationship

Number of Surviving: Daughters _____ Steps _____ Sons _____ Steps _____ Sisters _____ Brothers _____ Steps _____
 Grandchildren _____ Steps _____ Great-Grand _____ Steps _____ Great-Great _____ Steps _____

List any: organizations, military service, clubs, activities, lodges, schooling, awards, hobbies, or points of interest for obit:

Special requests: _____

Memorial contributions to: _____

Address _____ City _____ State _____ Zip _____

I do hereby give permission to McGann Hay Funeral Homes, it's agents or representatives, the authority to remove the human remains of: _____ from the place of death. I also understand there is a charge for these and other services. I refuse embalming. I authorize embalming. I further authorize and request the following manner of final disposition: Burial Cremation Entombment Cremation then Burial Other _____

**If cremation, does this person have an implanted medical pacemaker and/or defibrillator? YES NO

Where is it implanted, upper left shoulder, under left arm, etc.? _____ If yes, I do hereby give my permission

to McGann Hay to remove and dispose of it. Please sign for permission here: X _____

Name and address of cemetery or person we are to mail or to deliver ashes to or hold for them to pick up at our facility:

_____	_____	_____	_____	<input type="checkbox"/> Mail	<input type="checkbox"/> Deliver	<input type="checkbox"/> Hold for Pick Up
Name	Address	City, State, Zip	Phone			

I agree to indemnify and hold harmless McGann Hay Funeral Homes and the cemetery or crematory, their officials, agents, and employees, harmless from any loss, expense, or damage they may suffer or incur by reason of acting upon this authorization and order. I acknowledge that I was given a General Price List and shown the Casket and Vault Price Lists.

X _____
Signature

X _____
Witness's Signature

Name _____
Please print name

Name _____
Please print name.

Relationship: If self, write self. _____

If POA attach papers?