



LITWILLER – SIMONSEN FUNERAL HOME

LITWILLER -- SIMONSEN CREMATORY

1811 Ashland Street, Ashland, Oregon 97520

Phone: 541-482-2816 ☎ Fax: 541-482-6880 ☎ E-Mail: office@litwillersimonsen.com

FUNERAL DECISIONS FOR:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

BURIAL

GREEN BURIAL REQUESTED

Name of Cemetery: _____

Place of Funeral: Litwiller – Simonsen Funeral Home

Graveside Service Only

Church _____

Other _____

Direct Burial with No Service

CREMATION

Place of Memorial Service: Litwiller – Simonsen Funeral Home

Church _____

Graveside only

Other _____

Direct Cremation with No Service

SERVICE DETAILS

Service Officiant: _____

Associated with: _____

Religious Preference: _____

Readings and Music: (List readings or scriptures desired for service as well as favorite musical selections and the musicians you prefer)

VIDEO TRIBUTE

If you would like a Video Tribute played during the service, simply submit 25 to 40 pictures to Litwiller – Simonsen and we will produce an eight to ten minute slideshow of the pictures that will play on any standard DVD player. This is often the highlight of a memorial service.

VITAL STATISTICS

Sex: Male Female Social Security Number: _____

Hispanic Origin: Yes No Mexican Puerto Rican Cuban Other

Date of Birth: _____ Place of Birth: _____

Marital Status: Never Married Married Widowed Divorced

Spouse's Name: _____

Father's Name: _____

Mother's Maiden Name _____

Occupation: _____ Industry: _____

Education: Elementary High School, No Diploma High School Diploma or GED

Some College, No Degree AA Degree BA Degree Masters Degree Doctorate

VITAL STATISTICS CONTINUED

Veteran: Yes No Branch of Service: _____ Rank: _____

Dates of Service: _____

(Please provide a copy of the discharge papers or DD214)

OBITUARY

Please provide a brief description of where you have lived, occupational activities, hobbies and interests, any other items of interest. Also list any memberships in religious, civic, or fraternal organizations. _____

FAMILY

Name	Relationship	State of Residence	Phone
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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