



Davenport

311 S Highway 11, West Union, SC 29696

P.O. Box 462, Walhalla, SC 29691

Phone: (864)-638-3611

Primary Family Contact: _____

Phone Number: _____

Email: _____

VITAL STATISTICS

Full Legal Name: _____ [Male | Female] Age: _____

Decedent's Address: _____ Inside City Limit: [Yes | No]

City-Town: _____ State: _____ Zip: _____ County: _____

Social Security Number: _____ Race-Ethnicity: _____ US Citizen: [Yes | No]

Date of Death: _____ Time of Death: _____ [AM | PM]

Place of Death: _____

City-Town: _____ State: _____ Zip: _____ County: _____

If Death Occurred in a Hospital:

[In-Patient | Emergency Room | Dead on Arrival]

If Death Occurred Somewhere Other Than in a Hospital:

[Hospice Facility | Nursing home/ Long term care facility | Decedents Home | Other: _____]

Certifier of Death Certificate: _____ Phone Number: _____

Date of Birth: _____ Place of Birth (City, State): _____

Father's Full Legal Name: _____

Mother's Full Legal Name (Include Maiden Name): _____

Marital Status: [Married | Divorced | Legally Separated | Widowed | Never Married | Other]

Spouse's Full Legal Name (Include Maiden Name): _____

Employment Status: [Retired | Disabled | Presently Employed | Not Employed]

Occupation: _____ Employer: _____ Kind of Business: _____

Highest Level of Education:

[8th Grade or Less | 9th-12th grade, no diploma | High School Graduate, GED | Some college credit, but no degree | Associate's | Bachelor's | Master's | Doctorate]

Informant: _____ Relationship: _____

Mailing Address: _____ City/State/Zip: _____

Phone Number: _____ Email: _____

OBITUARY INFORMATION

Veteran: [Yes | No] Branch: _____ War Participation: _____ Rank: _____ DD214: [Yes | No]

Church/Religion: _____ [Member | Attended]

Clubs/Organizations: _____ Rites: _____

Honors/Awards: _____

Additional: _____

Survivors: [Spouse | Mother | Father]

(Please List Name, City, State, and Spouse if Desired)

Sons:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Daughters:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Brothers:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Sisters:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Grandchildren: _____

Great-Grand: _____

Great Great-Grand: _____

Other Survivors: _____

Preceded in Death By: _____

VISITATION

Day: _____ Date: _____ Time: _____
Location of Service: _____
Casket Opened: [For Family & Friends | Family Only | No Viewing for Anyone]
Special Set-Up: [None | Catholic | Rosary | Wake | Prayer Service]

SERVICE INFORMATION

Type of Service: [Traditional Funeral | Graveside Service | Memorial Service | Funeral Mass]
Day: _____ Date: _____ Time: _____
Location of Service: _____
Lie in State: _____ Open at End of Service: [Yes | No]
Special Requests: _____

CEMETERY

Location: _____
City, State: _____ Responsible for Grave: _____
Marker Up: [Yes | No] Military Rites: [Yes | No] _____

MINISTERS/SPEAKERS

1. _____	Phone #: _____
2. _____	Phone #: _____
3. _____	Phone #: _____
4. _____	Phone #: _____
5. _____	Phone #: _____

CASKETBEARERS

[Family Notifies | Davenport Notifies]

1. _____	Phone #: _____
2. _____	Phone #: _____
3. _____	Phone #: _____
4. _____	Phone #: _____
5. _____	Phone #: _____
6. _____	Phone #: _____
7. _____	Phone #: _____
8. _____	Phone #: _____

Honorary Casketbearers or Escorts: _____

MUSIC

[iTunes | Live]
Songs: _____

Musician: _____ Phone #: _____
Musician: _____ Phone #: _____

FLOWERS/MEMORIALS

Flowers Accepted: [Yes | No] In Lieu of Flowers: _____

Memorials May be Made to: _____

OTHER

Home Equipment: [Yes | No] Address: _____
Hairdresser: _____ Phone#: _____
Date/Time: _____

ADDITIONAL NOTES: