



HARRY W. MOORE CHAPEL
 8151 Allisonville Rd. • Indianapolis, IN 46250
GREENWOOD CHAPEL
 2433 East Main Street • Greenwood, IN 46143
 (317) 636-6464 IndianaFuneralCare.com



Vital Statistics

Legal Name <i>(First Middle Last)</i>		Maiden Name <i>(if female)</i>		Telephone	
Address		City		State	Zip Code
E-Mail Address		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth		Place of Birth <i>(City and State)</i>		Social Security Number	
Father's Full Name		Mother's Full Maiden Name			
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	DD214 on file <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service	Service Serial #	Legion Member <input type="checkbox"/> Yes <input type="checkbox"/> No	Post #
Usual Occupation		Kind of Business / Industry		Retirement Year	
Spouse's Name <i>(First Middle Last)</i>		Maiden Name		# of Children	# of Grandchildren
Informant/Relationship		Phone Number			
Informant's Address		E-Mail Address			
Education Level <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Associate Degree <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> High School Grad or GED <input type="checkbox"/> Master's Degree <input type="checkbox"/> Some College, No Degree <input type="checkbox"/> Doctorate					
Race <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Japanese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Spanish, Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Other Asian or Latino <i>(Specify)</i> _____ <i>(Specify)</i> _____ <i>(Specify)</i> _____					
Cemetery		Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Inurnment <input type="checkbox"/> Scattering <input type="checkbox"/> Family			
Type of Service		Service Location			
Religious Affiliation		Church/Pastor's Name			
Special Instructions					
Lead Source: Direct Mail Referral Yellow Pages American Legion Television Other					
_____ Signature Date					