

SOUTHERN FUNERAL CARE

10510 Riverview Drive (813) 671-3121 Riverview, Florida 33578 (813) 671-3730 FAX

FUNERAL ARRANGEMENT INFORMATION

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Legal Physical Address	•			Inside City Limits: Y / N
Social Security #:		Sex: M / F	Race:	Veteran: Y/N
Hispanic Origin: Y / N	V If yes, specify		How far in s	chool years:
Marital Status: Marrie	ed / Wid. / Div. / Nev. Mar.	Spouses Maid	en Name:	
Father's Name:				
	ND Maiden Name:			
Occupation: Type of Industry:				Military: Y / N
	(Name, address, telepho			
Survivors: (Relation and				
Grandchildren:	Great-grandchildren	:	_ Great-Grt. C	Grandchildren:
"With cause" death certi	ertified death certificate: _ ficates are for Life Insurance	With	cause IV.A. Death Be	_Without Cause enefits only.
If you have any ques	stions, please do not hes	sitate to conta	ct our office.	
Thank you				