



**ST.CLOUD, MN 56301**  
**(320) 252-3132**  
**FAX: (320) 202-8611**  
**www.bensonfuneralhome.com**

**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_  
FIRST MIDDLE LAST

**VITAL STATISTICS**

<b>ADDRESS</b>				<b>SEX</b>		HISPANIC ORIGIN YES NO	
<b>RESIDENCE – STATE</b>		<b>COUNTY</b>		<b>CITY, VILLAGE OR TOWNSHIP</b>		<b>INSIDE CORPORATE LIMITS SPECIFY YES OR NO</b>	
<b>AGE (IN YEARS LAST BIRTHDAY)</b>		<b>DATE OF BIRTH</b>		<b>MONTH DAY YEAR</b>		<b>RACE SPECIFY</b>	
<b>BIRTHPLACE (STATE OR FOREIGN COUNTRY)</b>				<b>CITIZENS OF WHAT COUNTRY</b>			
<b>MARRIED, NEVER MARRIED WIDOWED, DIVORCED SPECIFY</b>				<b>SPOUSE – NAME</b>			
<b>MOTHER – MAIDEN NAME</b>				<b>FATHER – NAME</b>			
<b>HIGHEST LEVEL OF EDUCATION COMPLETED</b>			<b>VETERAN OF U.S. ARMED FORCES SPECIFY YES OR NO</b>			<b>SOCIAL SECURITY NUMBER</b>	
<b>USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED)</b>				<b>KIND OF BUSINESS OR INDUSTRY</b>			
<b>SPECIAL INSTRUCTIONS OR SPECIAL REQUESTS</b>							
<b>OBITUARY TO BE PLACED IN THE FOLLOWING NEWSPAPERS:</b>							

DATE AND PLACE OF MARRIAGE(S)

CHURCH MEMBER

LIST EDUCATION, EMPLOYMENT, CLUBS, NOTEWORTHY ACHIEVEMENTS, ETC.

HOBBIES:

**VETERAN INFORMATION**

BRANCH OF SERVICE	RANK OR GRADE
DATE OF ENTRY	PLACE
DATE OF SEPARATION	PLACE
SERVICE NUMBER	CLAIM NUMBER
DO YOU STILL HAVE G.I. LIFE INSURANCE?	G.I. LIFE INSURANCE NUMBER

**VETERANS FUNERAL SERVICE OPTIONS:**

**MILITARY HONORS @ CEMETERY**

FLAG DRAPED ON CASKET	YES	NO	RIFLE SQUAD (21-Gun Salute)	YES	NO
FLAG FOLDED	YES	NO	COLOR GUARD	YES	NO
MILITARY MARKER FOR CEMETERY	YES	NO	TAPS	YES	NO

**SURVIVING RELATIVES**

FATHER

MOTHER

HUSBAND/WIFE

SONS - NAME AND SPOUSE

CITY, STATE

DAUGHTERS - NAME AND SPOUSE

CITY, STATE

BROTHERS - NAME AND SPOUSE

CITY, STATE

SISTERS - NAME AND SPOUSE

CITY, STATE

GRANDCHILDREN (No.)

GREAT GRANDCHILDREN (No.)

GREAT GREAT GRANDCHILDREN (No.)

PRECEDED IN DEATH BY:

**SERVICE DETAILS**

PLACE:

CLERGY:

MUSIC:

PALLBEARERS:

HONORARY PALLBEARERS:

VISITATION HOURS:

ROSARY/WAKE SERVICE:

PRAYER SERVICE:

IN LIEU OF FLOWERS:

**FINAL DISPOSITION**

BURIAL       ENTOMBMENT       CREMATION

CEMETERY:

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Grave No.: \_\_\_\_\_ Lot: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_

Lot Owner: \_\_\_\_\_

If Cremation, Disposition of Ashes: \_\_\_\_\_

**FORM COMPLETED BY – NAME**

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_