



# MOSER

FUNERAL & CREMATION SERVICE

## Vital Statistics Information (Required by State of Colorado)

Any questions regarding this form, please call or e-mail us  
at (970) 330-6824 or info@moserfuneralservice.com

Date \_\_\_\_\_

Name (Legal) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sex:  Female  Male Date of Birth \_\_\_\_\_ Birthplace (City & State) \_\_\_\_\_

Veteran:  Yes  No Occupation \_\_\_\_\_ Industry \_\_\_\_\_  
*(What the person did for most of their working life)*

Marriage Status: Married | Widowed | Divorced | Never Married Spouse: \_\_\_\_\_  
*(Circle one)*

Residence: State \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_  
Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Hispanic Origin:  Yes  No Race \_\_\_\_\_ Number of Years of Education \_\_\_\_\_

Parents: Father \_\_\_\_\_ Mother (Maiden Name) \_\_\_\_\_

Informant Name & Relationship \_\_\_\_\_ Telephone # \_\_\_\_\_  
*(Person supplying information)*

Physician (Name & Address) \_\_\_\_\_

## Personal Wishes for Myself

*In the event of my death I wish to have the following instructions followed:*

I choose *(please select the option you desire):*

### Burial Services

Type:

- Funeral Celebration w/ Visitation & Burial
- Graveside Service w/Visitation
- Simple Burial w/No Service or Visitation
- Funeral Celebration w/Burial & No Visitation
- Graveside Celebration w/No Visitation

### Cremation Services

- Memorial Celebration w/Visitation & Cremation
- Memorial Celebration w/Cremation
- Visitation Only w/Cremation Following
- Simple Cremation/Graveside Services
- Simple Cremation w/No Services

Place of Service *(if applicable)*:  Funeral Home  Church  Cemetery

Service to be held at \_\_\_\_\_

Name of cemetery \_\_\_\_\_

Instructions for my Urn/Ashes \_\_\_\_\_

Officiating Minister \_\_\_\_\_

Music \_\_\_\_\_

Pallbearers or Honorary Pallbearers \_\_\_\_\_

Favorite Flowers \_\_\_\_\_

Additional Notes: