



Family Record Guide



504 5th St. Orange, Texas 77630 (409) 886-4445 ♦ 800 Highland, Bridge City, Texas 77611 (409) 735-7161
1155 North Eleventh Street, Beaumont, Texas 77702 (409) 893-2345

www.claybarfuneralhome.com



ORANGE BRIDGE CITY BEAUMONT

Date _____ Family Care Specialist _____

Personal History

Full legal name: _____ Maiden Name _____

Address: Inside city limit: [] Yes [] No Pct# _____ (If not in city limits)

(Physical address not PO Box)

How long at place of residence? _____ Former resident of: _____

Race: White Black * _____ Hispanic? Origin * _____

Birth date _____ Place: _____

Age: _____ Social Security Number: _____

Educational Level: 8th or less 9-12th HS/GED Some College-no degree AS BS MA Doctorate

Father's name: _____

Mother's name (Maiden): _____

Occupation: _____ Business/Industry: _____

Employer: _____

Military service? _____ Applicable number: _____

Marital Status: [] Married [] Widowed [] Divorced [] Never Married [] Child

Memberships- additional obituary information _____

Notes: _____

Family Members

Names should as they need to appear in the obituary and other printed materials.
City and State of residence are helpful.

SPOUSE: _____

PARENTS: _____

GRANDPARENTS: _____

CHILDREN:

[] S [] D _____

[] S [] D _____

[] S [] D _____

[] S [] D _____

[] S [] D _____

[] S [] D _____

_____ GRANDCHILDREN _____

_____ GREAT-GRANDCHILDREN _____

BROTHERS/SISTERS:

PRECEDED IN DEATH BY: _____

Responsible Party *(Person to Handle Arrangements on Your Behalf)*

Name _____ If wife, Maiden Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Cell Phone _____

Others to be notified: _____

Important Legal Information to Share with Family Members

Will? ___ Location? _____ Attorney? _____

Executor of Estate _____

Life Insurance Policies	Company Name	Amount	Policy Number
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Service Information

Where do you own Cemetery Property?

Where would you want your funeral services held?

Location of Service: CHAPEL Orange Bridge City Beaumont CHURCH GRAVESIDE ONLY

Other Location: _____

Officiant(s): _____

Rosary Vigil Rosary/Vigil Officiant: _____

Cemetery: _____

Additional Services: _____

Fraternal or Military Rites? _____ Flag Requested? _____

Music for Service: _____

Casket opened or closed? *Details:* _____

_____ Pallbearers _____

_____ Honorary Pallbearers _____

Other Special Requests: _____



I, _____, have given the preceding information to be placed on file with Claybar Funeral Home to assist my family and loved ones at the time of my death.

Authorized by

Family Care Specialist