ST.CLOUD, MN 56301
(320) 252-3132
FAX: (320) 252-7091
www.bensonfuneralhome.com

NAME _____ **AGE** _____
FIRST MIDDLE LAST

VITAL STATISTICS

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

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, Dispoition of Ashes:

FORM COMPLETED BY – NAME

ADDRESS PHONE