ARRANGEMENT RECORD

Oakdale-Riverbank
MEMORIAL CHAPELS

Name_____
First Middle Last

Birth Date _____Age _____Marital Status_____

Birth Place_____, _____ or_____
City State Country (if not born in the US)

Race_____ Social Security Number _____

Education_____Veteran_____Branch of Service_____

Occupation_____ Kind of Business_____# of Years_____

Residence_____City_____

County _____ Zip Code_____ Yrs. in County _____ State_____

Informant/Relationship_____ Phone Number_____

Informant Mailing Address_____

Surviving Spouse (Maiden Name) _____
First Middle Last

Father's Name _____Birth Place_____
First Middle Last

Mother's Name
(Maiden Name) _____ Birth Place_____
First Middle Last

If you have any questions or need assistance, please feel free to contact our office:

830 West F Street, Oakdale, CA 95361 **209-847-2211** **Lic. #FD764**

3131 Santa Fe Street, Riverbank, CA 95367 **209-869-2528** **Lic. #FD1036**