

*Personal  
Funeral Profile*



Omaha Bible Church

# VITAL STATISTICS RECORD

Name: _____		Date: _____	
Street Address: _____		City: _____	State: _____ ZIP: _____
Phone: _____		E-Mail Address: _____	
Birthplace: _____		Birth date: _____	
Father's Name: _____			
Mother's Maiden Name: _____			
Marriage Info: _____			
TO	DATE	PLACE	DATE OF DEATH
_____			
TO	DATE	PLACE	DATE OF DEATH
_____			
Current Marital Status (circle only one):	Married	Single	Widowed Divorced

## PERSONAL HISTORY

Occupation: _____	Employer: _____
Position Held: _____	Length: _____ Retired: _____
City of Residence and Years Lived There: _____	
_____	
Education: _____	
_____	
Military/War: _____	Rate of Rank: _____
Enlistment Date and Place: _____	
Discharge Date and Place: _____	
Service Number: _____	
Memberships, Church & Public Office Held: _____	
_____	
General Biography for Funeral Service Folders: _____	
_____	
_____	
_____	
Other Info: _____	
_____	
_____	



**FUNERAL SERVICE INSTRUCTIONS AND INFORMATION**

Cemetery: \_\_\_\_\_ Location: \_\_\_\_\_  
Section: \_\_\_\_\_ Row: \_\_\_\_\_ Lot: \_\_\_\_\_ Space: \_\_\_\_\_ Marker Installed: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

Place (please check only one):     Church             Mortuary or Grave-side  
Testimony of faith in Christ (opportunity to proclaim the gospel) : \_\_\_\_\_

Pastor: \_\_\_\_\_ Church: \_\_\_\_\_  
When and Where Baptized: \_\_\_\_\_  
Keyboard/Piano: yes no    Vocals: yes no    Music Selections: \_\_\_\_\_

Favorite Bible Passages, etc: \_\_\_\_\_

Clothing:    New \_\_\_\_\_ Present \_\_\_\_\_ Color \_\_\_\_\_  
Jewelry: \_\_\_\_\_  
Decisions on clothing and jewelry made by: \_\_\_\_\_

Participating Organizations:     Military     U.S. Flag     Other: \_\_\_\_\_  
Pallbearers Name \_\_\_\_\_ City/State \_\_\_\_\_

Alternates/Honorary Pallbearers: \_\_\_\_\_  
Memorials: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

**AUTHORIZATION**

I, \_\_\_\_\_, have given the preceding information, to be filed with Omaha Bible Church and/or the funeral home of my choice, in order to carry out my wishes regarding my funeral service and avoid placing all responsibility on family and loved ones at the time of my death.

Authorized by (signature): \_\_\_\_\_ Date: \_\_\_\_\_  
Witness (pastor/funeral home): \_\_\_\_\_ Date: \_\_\_\_\_