

Pelzer Funeral Home, Inc.

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NAME OF DECEASE: _____

ADDRESS OF DECEASED: _____

COUNTY OF ADDRESS: _____

DATE OF DEATH: _____ TIME OF DEATH: _____

PLACE OF DEATH: _____

COUNTY OF DEATH: _____

DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____

COUNTY OF BIRTH: _____

RACE: _____ RELIGION: _____

SOCIAL SECURITY NUMBER: _____

EDUCATION: _____ COLLEGE (YEARS): _____

OCCUPATION: _____ INDUSTRY: _____

TYPE OF WORK: _____

VETERAN: _____ BRANCH: _____

MARITAL STATUS: _____

FATHERS NAME: _____

MOTHERS NAME (MAIDEN): _____

INFORMANT: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBERS: HOME _____ CELL: _____