



**McConnell**  
FUNERAL HOME  
LLC

**PLEASE PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES**

Name \_\_\_\_\_ Sex \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ City or Township \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell? \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Race \_\_\_\_\_  
City and State or Foreign Country

Age \_\_\_\_\_ Ancestry \_\_\_\_\_ Social Security # \_\_\_\_\_

Occupation \_\_\_\_\_ Business/Industry \_\_\_\_\_  
Give kind of work done during most of life, even if retired

Education (Highest grade completed) Elementary/Secondary(0-12) \_\_\_\_\_ College(1-4 or 5+) \_\_\_\_\_

(Circle one) Married- Widowed –Divorced- Single

Spouse’s name \_\_\_\_\_  
If wife, give first and Maiden name

Father’s name \_\_\_\_\_  
Even if deceased

Mother’s first name and maiden name \_\_\_\_\_  
Even if deceased

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Their mailing address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_

Are you a veteran? YES or NO, if yes, please enclose a copy of discharge papers.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

**Please mail or fax information to:  
McConnell Funeral Home and Cremation Planning Center  
500 Main Street, Fenton, MI 48430**

Please contact us if you need further assistance. Thank you.