

Dellinger Funeral Home Inc.



Woodstock _____

Mt. Jackson _____

New Market _____

Information	
Name of the Deceased	
Date of Birth/Age	
Street Address or Rt.	
City / Town	
County	
Zip	
Day and Hour of Death	
Place of Death	
Hospital	In Patient _____ Out Patient _____ DOA _____
Name of Doctor	
Address	
Med.	
Deceased Occupation	
Type of Business	
Education:	High School 1,2,3,4 College 1,2,3,4, Graduate School
Social Security Number	
Veteran If veteran provide actual DDT form	Rank _____ Branch _____ War/Peacetime
Place of Birth	When: _____ Where: _____
Father	Name: _____
Father Address (if living)	
Mother (Maiden)	
Mother Address (if living)	
Grandparents (if living)	
Civic, Community or Lodge information	
Church Membership	

When Married	
To Whom Married	(married at time of death) Y/N
Spousal Information	Living Y/N
Children (living)	
Sons (Name)	Address
Sons (Name)	Address:
Daughters (Name)	Address:
Sisters (Name)	
Brothers (Name)	
# of Grandchildren	# Great Grandchildren # Great, Great Grandchildren
Funeral Details:	
When	
From Where	
Name of Minister (s)	Telephone #
Place of Burial	
Pallbearers	
Alt. Pallbearers	
Honorary Pallbearers	
Organizations Attending	
Grave	
Vault	
Vault Wart	
Have Stone	Yes/No

Music	
Cars	
Police	
Flag	
VA. Forms	
Chairs	
Lie in State	
Family Meet before Service	
Conduct of Service	
Hair	
Make-up	
Special Instructions	
Family receive friends where:	
Memorial Contributions to:	
Death Certificate filed by:	
Crematory Used	
Memorials	
Website	
N. Va. Daily	
Daily News	
WSIG	
Winchester Star	
Other Newspapers	
Flowers	
Name of Florist	
Family View (1 st time)	
Casket Used	