

Bullock Funeral Home & Crematorium

1190 Wilson Hall Road

Sumter, SC 29150

(803) 469-3400

DOD _____

TOD _____

Personal Information

Full Name (w/maiden) _____

Address _____

Residence in city limits: Yes ___ No ___ County _____ Phone _____

Date of Birth _____ Age _____ Birth Place _____

Social Security _____ () Male () Female Race _____

Single ___ Married ___ # of years _____ Widowed ___ Divorced ___ Other _____

Spouse (w / maiden name) _____ Living ___ Deceased ___

Spouse Social Security _____ Spouse Date of Birth _____

Education High School _____ Some College/No Degree _____ Associates Degree _____

Bachelor's Degree _____ Master's Degree _____ Doctor _____ Professional _____

Occupation (longest) _____ Business of Industry _____

Veteran: Yes ___ No ___ Branch _____ War (s) _____

Father's Name _____ Living ___ Deceased ___

Mother's Name (w/maiden) _____ Living ___ Deceased ___

Informant's Name _____ Relationship _____

Address _____ Email address _____

Phone # _____ Work # _____ Cell # _____

Physician _____ Death Certificates Requested # _____

Memorials may be made to : _____

Newspapers: () The Item _____ Cost _____ () The State () Full () Short _____ Cost _____

Other : _____

Cost _____ Phone _____ Email _____

Picture with obituary () Yes () No Obit on Facebook () Yes () No Obit on Website () Yes () No

Live Streaming Video: Yes ___ No ___ Do you want it available to Public ___ or Password Protected _____

Church Member / Attended : _____

Biography (employment, retirement, clubs, military status, achievements, etc.) _____

Son (s) / City, State & Spouse: _____

Daughter (s) / City, State & Spouse: _____

Brother (s) / City, State & Spouse: _____

Sister (s) / City, State & Spouse: _____

_____ # of Grandchildren Names : _____

_____ # of Great Grandchildren _____ # of Great Great Grandchildren

Preceded in death by : _____

Active Pallbearers :

(1) _____	(2) _____
(3) _____	(4) _____
(5) _____	(6) _____
(7) _____	(8) _____

Honorary Pallbearers: _____

Funeral Information

Visitation: Day _____ Date _____ Time _____

Place _____ Public () Private ()

Rosary () Yes () No Rites () Yes () No Organization _____

() Full Service () Cremation () Full Service/Cremation Funeral Arc () Yes () No

Place of Service _____

Time of Service _____ Day _____ Date _____

Cemetery Name _____ Cemetery Address _____

Property () Yes () No Purchased Vault () Yes () No Purchased Opening/Closing () Yes () No

Authorized return of cremains to: _____

Limo (s) # _____ 2 limo's at no charge 3rd limo rate is \$200.00 4th limo rate is \$250.00

Clergy (1) _____ Phone # _____

(2) _____ Phone # _____

Music provided by: () Church/Family () Funeral Home () Other

Organist/Vocalist (1) _____ (2) _____

Music Selections _____

Service Programs # _____ Provider for Order of Service _____ Phone # _____

Name on Memorial Folders _____ Prayer/Poem on left side _____

Prayer Cards # _____ Prayer on Back _____ Picture on card () Yes () No

Remembrance Film: () Yes () No Up to 100 pictures - one song for every 25 pictures

Song(s) _____ Artist _____

_____ Artist _____

_____ Artist _____

_____ Artist _____

Luncheon # of people _____ Caterer _____ Church () Family ()

Hairdresser: () Family () Funeral Home Name: _____

Lipstick Color: _____ Nail Polish () Yes () No Color: _____

Men Hair/Facial: () Clean Shaven () Trim mustache only () Trim mustache and beard Hair part _____

Will any jewelry be placed: () Yes () No Where _____

Will any jewelry be returned: () Yes () No To Whom _____

Which items: _____

Florist: Casket Spray () Yes () No Cost _____ Color _____ Card _____

Standing Spray () Yes () No Cost _____ Color _____ Card _____

Urn Flowers () Yes () No Cost _____ Color _____ Card _____

Bouts # _____ Roses # _____ Other _____

Merchandise Selected

Casket _____ Gauge _____

Exterior Color _____ Interior Color _____

Cost _____ Company _____

Vault _____ Cost _____ Company _____

Urn _____ Cost _____ Company _____

Jewelry _____ Cost _____ Company _____

Keepsakes _____ Cost _____ Company _____

Family Headquarters:

() Door Spray () Register Book () Stand () Chairs # of Chairs _____ () Food Tray () Ice () Candle

Home Address _____ Phone _____

Directions to Residence _____

Military Honors : DD214 () Yes () No

Branch of Service : () Air Force () Army () Navy () Marines

War(s) Served: _____

Shipping Information:

Ship to / from Funeral Home _____

Address _____

Director _____ Phone _____

Fax _____ Email _____