

**Carlsen**  
FUNERAL HOME  
AND CREMATORY

Services For: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Informant: \_\_\_\_\_

Informant Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Service:  Traditional  Cremation

Cremation with Memorial Service

Place of Service: \_\_\_\_\_

Clergy: \_\_\_\_\_ Telephone: \_\_\_\_\_

Place of Burial: \_\_\_\_\_

Special Graveside Rites: Yes or No By Whom: \_\_\_\_\_

Visitation at F.H.: \_\_\_\_\_

Visitation at Church: \_\_\_\_\_

Prayer Service: \_\_\_\_\_ Public: Yes or No

Name of Spouse: \_\_\_\_\_

Maiden Name of Spouse: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Father: \_\_\_\_\_

Mother (Maiden): \_\_\_\_\_

Education: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_

Veteran: Yes or No \_\_\_\_\_

Veteran Branch of Service: \_\_\_\_\_

Survivors: Names/Place of Residence (City and State)

Spouse: \_\_\_\_\_

\_\_\_\_\_ # Children: \_\_\_\_\_

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\_\_\_\_\_ # Grandchildren: \_\_\_\_\_

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\_\_\_\_\_ # Great Grandchildren: \_\_\_\_\_

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\_\_\_\_\_ # Parents: \_\_\_\_\_

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\_\_\_\_\_ # Grandparents: \_\_\_\_\_

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\_\_\_\_\_ # Brothers: \_\_\_\_\_

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\_\_\_\_\_ # Sisters: \_\_\_\_\_

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Preceded By: \_\_\_\_\_

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Organist: \_\_\_\_\_

Soloist: \_\_\_\_\_

Special Music: \_\_\_\_\_

Selections: \_\_\_\_\_

Casketbearers: \_\_\_\_\_

Honorary Casketbearers: \_\_\_\_\_

Offices and Memberships Held: \_\_\_\_\_

Memorial Designation: \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

Work History: \_\_\_\_\_

