



# Holt-Woodbury Funeral Homes, LLC

19 Hall Ave  
Henniker, NH  
(603) 428-3215

32 School Street  
Hillsboro, NH  
(603) 464-5501

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
DATE OF DEATH \_\_\_\_\_ HOUR \_\_\_\_\_

## VITAL STATISTICS

DECEASED ADDRESS

PLACE OF DEATH

SEX:  MALE  FEMALE RACE-ETHNICITY: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ CITIZEN: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OCCUPATION : \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

SURVIVING SPOUSE (IF WIFE GIVE MADEN NAME):

\_\_\_\_\_

IF VETERAN, NAME WAR AND BRANCH OF SERVICE

\_\_\_\_\_

RANK AND SERVICE NO. \_\_\_\_\_

HIGHEST EDUCATION: \_\_\_\_\_

OTHER INFORMATION:

INFORMANTS NAME AND ADDRESS

\_\_\_\_\_

PHONE NO. \_\_\_\_\_

CERTIFICATE SIGNED BY: \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_

**BIOGRAPHICAL INFORMATION**

**LENGTH OF TIME LIVING HERE:**

**COMING FROM:**

**RELIGION:**

**CHURCH:**

**LIST CLUBS, NOTEWORTHY ACHIEVEMENTS, ETC.:**

**SURVIVING RELATIVES**

**FATHER:** \_\_\_\_\_

**MOTHER:** \_\_\_\_\_

**HUSBAND/WIFE:** \_\_\_\_\_

**SONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAUGHTERS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BROTHERS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SISTERS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GRANDCHILDREN (NO.)** \_\_\_\_\_ **GREAT GRANDCHILDREN (NO.)** \_\_\_\_\_

**SERVICE DETAILS**

**PLACE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**CLERGY** \_\_\_\_\_

**MUSIC** \_\_\_\_\_

**FAMILY WILL SIT IN:** CHAPEL FAMILY ROOM

**NO. SEATS RESERVED** \_\_\_\_\_ **NO. FAMILY CARS** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PALLBEARERS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HONORARY PALLBEARERS:** \_\_\_\_\_

\_\_\_\_\_

**VIEWING:** \_\_\_\_\_

**VISITATION HOURS:** \_\_\_\_\_

**ROSARY/WAKE SERVICE** \_\_\_\_\_

**IN LIEU OF FLOWERS:** \_\_\_\_\_

**FINAL DISPOSITION**

**BURIAL**  **ENTOMBMENT**  **CREMATION** **DATE:** \_\_\_\_\_

**CEMETERY/CREMATORY:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**GRAVE NO:** \_\_\_\_\_ **LOT** \_\_\_\_\_ **SEC:** \_\_\_\_\_ **BLOCK** \_\_\_\_\_

**LOT OWNER:** \_\_\_\_\_

**IF CREMATION: DISPOSITION OF ASHES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_