

# DATA FORM



## **Kinkadee** **FUNERAL CHAPEL**

1235 Junction Avenue  
Sturgis, SD 57785

(605) 347-3336

Fax: (605) 347-5943

This Form includes information needed to make funeral arrangements. It would be helpful for you to fill it out prior to meeting with the Funeral Home Staff.

**The following information is required by the Division of Vital Records in South Dakota and will aid the Funeral Home in arranging your funeral services.**

At your convenience, please complete this form and bring it with you when making Funeral Arrangements. It serves the need not only for legal information necessary in making Funeral Arrangements, but will be used for Service Requests and Newspaper Articles.

**\*-Denotes Required**

\*Name of Deceased: \_\_\_\_\_

\*Age: \_\_\_\_\_ \*Social Security # \_\_\_\_\_

\*How many copies of the Death Certificate will you need?: \_\_\_\_\_

\*Date of Death: \_\_\_\_\_

\*Place of Death: \_\_\_\_\_  
City County State

\*Attending Physician: \_\_\_\_\_

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

\*Place of Birth: \_\_\_\_\_  
City County State

\*Current Residence: \_\_\_\_\_  
Physical Address

\*Mailing Address (if different): \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Name of Responsible Party: \_\_\_\_\_

\*Relationship to Deceased: \_\_\_\_\_ \*Phone: \_\_\_\_\_

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

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Name of Father: \_\_\_\_\_  
First Last

\*Name of Mother (Maiden): \_\_\_\_\_  
First Last

National Origin (German, Etc.): \_\_\_\_\_

\*If Hispanic-Specify (Cuban, Mexican, etc.): \_\_\_\_\_

\*If Native American-Specify Tribe: \_\_\_\_\_

\*Years of Schooling Completed

Elementary / Secondary (0-12): \_\_\_\_\_

College (1-4 or Highest Degree Attained): \_\_\_\_\_

\*Marital Status

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_

Separated: \_\_\_\_\_ Never Married: \_\_\_\_\_

\*Name of Spouse: \_\_\_\_\_  
(Include spouse's maiden name)

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

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

Date of Spouse's Death (if applicable): \_\_\_\_\_

Place of Spouse's Death \_\_\_\_\_

\*Was Deceased a member of the Armed Forces?: Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, answer the following: Branch of Service: \_\_\_\_\_

\*Service #: \_\_\_\_\_ Claim #: \_\_\_\_\_

Was the Deceased Retired?: Yes \_\_\_\_\_ No \_\_\_\_\_

\*Occupation Most of Life: \_\_\_\_\_

\*Type of Business: \_\_\_\_\_

\*Employer: \_\_\_\_\_

Use this space to list additional employment information:  
(Occupation by years, places, & positions held)

Club / Society Memberships (Offices held by year):

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

Church Membership: \_\_\_\_\_

Hobbies / Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to establish a Memorial?: Yes \_\_\_\_\_ No \_\_\_\_\_

Proceeds should go to: \_\_\_\_\_

# SURVIVORS

Spouse? ( ) Parents: \_\_\_\_\_

#	Name	Residence (city & state)
_____ Sons:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Daughters:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of:

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

Great-Grandchildren: \_\_\_\_\_

Great-Great-Grandchildren: \_\_\_\_\_

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**Name**

**Residence**  
(city & state)

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

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

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Relatives Preceding in Death:

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**List Historical Data on last page of this form!**

# FUNERAL SERVICE INFORMATION

Date of Funeral: \_\_\_\_\_ Time: \_\_\_\_\_

Place of Funeral: \_\_\_\_\_

Rosary?: ( ) Date of Rosary: \_\_\_\_\_ Time: \_\_\_\_\_

Place of Rosary : \_\_\_\_\_

Clergyman / Officiant: \_\_\_\_\_

Clergyman's Church: \_\_\_\_\_

Music?: Yes \_\_\_\_\_ No \_\_\_\_\_

Songs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Soloist(s): \_\_\_\_\_

Accompanist(s): \_\_\_\_\_

Cemetery Space: Own: \_\_\_\_\_ Need to Purchase: \_\_\_\_\_

Cemetery Name: \_\_\_\_\_

Place of Cemetery: \_\_\_\_\_  
City County State

Pallbearers: (6 is customary)

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Honorary Pallbearers:

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**Special Instructions or Requests:**

## **History**

Please use this space to list historical facts about the life of the deceased. This might include schools attended/graduated from, various career moves, years in various states, and/or major events in their life. It is best to list these items chronologically and in factual form. We will place them in obituary form. Most newspapers will not list surviving relatives other than those listed in this booklet.



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