



# Ebersberger-Fisher Funeral Home

Family Owned & Operated Since 1882  
111 Rosewood Ave. • Boerne, Texas 78006

Business Phone (830) 249-2321  
Fax (830) 249-1835  
www.ebersberger-fisher.com  
info@boernefuneralhome.com

## PERSONAL AND FAMILY HISTORY

Full Legal Name \_\_\_\_\_ Maiden \_\_\_\_\_

Place name in newspaper as follows \_\_\_\_\_

Home Address \_\_\_\_\_ Inside City: Yes / No County \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Place of Birth \_\_\_\_\_ Peace Officer: Yes / No

Date of Birth: Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_ Sex: M / F Race: \_\_\_\_\_ Hispanic Origin: \_\_\_\_\_

Education: 8 or less / 9-12 / HS Grad or GED / Some College - No Degree / Assoc / Bach / Mast / Dr

Occupation (previous if retired) \_\_\_\_\_

Kind of Business \_\_\_\_\_ Number of Years \_\_\_\_\_

Social Security No. \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Spouse's Full Maiden Name \_\_\_\_\_ Single / Married / Widowed / Divorced

Spouse's Date of Birth/Death \_\_\_\_\_ Spouse's Social Security No. \_\_\_\_\_

### FOR OFFICE USE ONLY

Date of Death \_\_\_\_\_ Day of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ AM / PM Age: Yr \_\_\_\_\_ Mo \_\_\_\_\_ Day \_\_\_\_\_

Place of Death \_\_\_\_\_ Inside City: Yes / No County \_\_\_\_\_

Address \_\_\_\_\_ If no, Precinct Number \_\_\_\_\_ Autopsy: Yes / No

Hospital Patient  ER Patient  DOA  Nursing Home  Residence  Other - Specify \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

### MILITARY SERVICE

Branch \_\_\_\_\_ Rank \_\_\_\_\_ War/Conflicts \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

Discharge Papers (DD-214) located \_\_\_\_\_

Flag: Yes / No Drape Casket / Folded Given to \_\_\_\_\_

### INFORMANT INFORMATION

Informant \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**LIST OF FAMILY MEMBERS FOR OBITUARY**

(If deceased, put a D beside their name.)

Name

Residence

Parents and Spouse are listed on front.

Grandparents \_\_\_\_\_

\_\_\_\_\_

Daughters (# ) \_\_\_\_\_

\_\_\_\_\_

Sons (# ) \_\_\_\_\_

\_\_\_\_\_

Sisters (# ) \_\_\_\_\_

\_\_\_\_\_

Brothers (# ) \_\_\_\_\_

\_\_\_\_\_

Grandchildren (# ) \_\_\_\_\_

\_\_\_\_\_

Great Grandchildren (# ) \_\_\_\_\_

\_\_\_\_\_

Others you want listed in obituary \_\_\_\_\_

\_\_\_\_\_

**OBITUARY INFORMATION**

Obituary handled by: Funeral Home / Family Photo: Yes /No Photo to use \_\_\_\_\_

Obituary to (what newspapers) \_\_\_\_\_

Education, career / military information, organizations, hobbies, characteristics, anything you want included in obituary

Church Affiliation \_\_\_\_\_

Memorials To (In lieu of flowers) \_\_\_\_\_

**SERVICES**

Visitation / Rosary Place \_\_\_\_\_

Officiant/Clergy \_\_\_\_\_

Funeral / Memorial / Mass Service Place \_\_\_\_\_

Officiant/Clergy \_\_\_\_\_

Casket Preference \_\_\_\_\_ Color: \_\_\_\_\_

Type: Metal / Wood Seal / Nonseal Vault: Yes / No Casket: Open / Closed

Clothing on deceased at time of death is to be \_\_\_\_\_

Hairstyle \_\_\_\_\_

Jewelry \_\_\_\_\_ To be removed: Yes / No Given to \_\_\_\_\_

Glasses \_\_\_\_\_ To be removed: Yes / No Given to \_\_\_\_\_

Memorial Folders: Yes / No

Favorite Poem or Scripture for folders \_\_\_\_\_

Song Selections \_\_\_\_\_

Organist \_\_\_\_\_ Soloist \_\_\_\_\_

Readings or Scriptures for service \_\_\_\_\_  
\_\_\_\_\_

Specific Requests to be performed at service \_\_\_\_\_

Reserve Seats for \_\_\_\_\_  
\_\_\_\_\_

Flower Preferences \_\_\_\_\_

Pallbearers

Honorary Pallbearers

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |
| 6. _____ | 6. _____ |
| 7. _____ | 7. _____ |
| 8. _____ | 8. _____ |

Pallbearer Car: Yes / No

Family Limousine: Yes / No

Interment (Name of Cemetery) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Space \_\_\_\_\_

Cremation: Final Disposition of Urn: Niche / Burial / Other: \_\_\_\_\_

Where to find Funds for services \_\_\_\_\_  
\_\_\_\_\_

Location of the Will \_\_\_\_\_

Distribution of Death Certificates \_\_\_\_\_  
\_\_\_\_\_

These are people my family could call on to help with notifying friends, handling phone calls, running errands, helping out-of-town guests, or for legal assistance.

Name

Address

Phone Number

- |          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**For the purpose of relieving my family in the event of need, the preceding arrangements are my personal wishes and desires.**

Signature \_\_\_\_\_ Date \_\_\_\_\_