

Davis Memorial Chapel

99 Summer Street, Springfield, VT 05156

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No. _____

NEWSPAPERS		
<input type="checkbox"/> Rutland Herald	<input type="checkbox"/> Grave	<input type="checkbox"/> Hairdresser
<input type="checkbox"/> Daily Eagle	<input type="checkbox"/> Vault or liner	<input type="checkbox"/> Permit
<input type="checkbox"/> Times Reporter	<input type="checkbox"/> Clergy	<input type="checkbox"/> SS # _____
	<input type="checkbox"/> Police	<input type="checkbox"/> Copies of death
		<input type="checkbox"/> Special Services

FULL NAME		AGE
Date of Death	Place of Death (City)	
	(State)	(County)
Hospital or Institution	How Long	Dr.
Residence	Telephone	

D.O.B.		P.O.B.		Citizen
Sex	Single	Married	Widow	Divorced
Father's Name		Education		
Mother's Maiden Name		College		

SURVIVORS		Husband or Wife	
Married	Place		Yrs.
Father	of	Mother	of
Sons	of	Daughters	of
Sons	of	Daughters	of
Sons	of	Daughters	of
Sons	of	Daughters	of
Sons	of	Daughters	of
Sons	of	Daughters	of
Sons	of	Daughters	of
Sons	of	Daughters	of
Sons	of	Daughters	of
Grandchildren		Great Grandchildren	
Brothers	of	Sisters	of
	of		of
	of		of
	of		of
	of		of

DONATIONS MAY BE MADE TO: _____

FUNERAL SERVICES				
Date	Time		Place	
Clergyman	Cemetery			
	Sec.	Tier	Lot	Place

CALLING HOURS	MASONIC, ELKS, MOOSE, VETERANS, ROSARY	
Occupation		BEARERS
Business or Industry:	VETERAN OF WHAT WAR(S):	
Organizations & Family History:	Branch of Service:	
	Date Enlisted:	
	Place	
	Date Discharged:	
	Place	
	Rank:	
	Serial No.:	