

DaWise-Perry Funeral Services

Locally Owned

4614 Memorial Highway
Mandan, ND 58554
Phone: 701-663-3239
Fax: 701-663-0203 Email: office@dawiseperry.com

Items in **BOLD** are for the Death Certificate please complete!

INFORMANT: _____
ADDRESS: _____ _____
Relationship: _____
Phone: _____
Mail Death Certificates to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Financial DC's _____ Full Copy DC's _____ <input type="checkbox"/> Vet DC
MEDICAL CERTIFIER: _____

LEGAL INFORMATION:

FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____ **AGE:** _____

DATE OF DEATH: _____ **PLACE OF DEATH:** _____ **TIME OF DEATH:** _____

DATE OF BIRTH: _____ **CITY/STATE OF BIRTH:** _____

SOCIAL SECURITY #: _____ **RACE:** _____ **ANCESTRY:** _____

DECEASED ADDRESS: _____ **CITY:** _____ **COUNTY:** _____

STATE: _____ **ZIP:** _____ **INSIDE CITY** **OUTSIDE CITY** **PHONE NO.** _____

FATHER'S FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____ Deceased

MOTHER'S FIRST NAME: _____ **MIDDLE:** _____ **MAIDEN:** _____ Deceased

MALE **FEMALE** **MAIDEN NAME:** _____ **MARRIED AT TIME OF BIRTH:** Yes No

HIGHEST LEVEL OF EDUCATION: Unknown 8th or less 9-12 no diploma High school or GED Some college no degree
 Associate Degree (AA, AS) Bachelor's Degree (BA, BS) Master's Degree (MA, MS) Doctorate Degree (PHD, MD)

OCCUPATION: _____ **BUSINESS / INDUSTRY:** _____ Retired

VETERAN: Yes No Branch: Army Navy Air Force Marines Coast Guard Other: _____

MARITAL STATUS: **NEVER MARRIED** **MARRIED** **WIDOWED** **DIVORCED** **SEPARATED** **LEGALLY SEPARATED**

SPOUSE FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____ **MAIDEN:** _____

STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____ Phone: _____

PERSONAL INFORMATION:

Raised at: _____ Grade School: _____ years at: _____

High School: _____ Graduated: Yes No Year Completed: _____

Years of College: _____ at: _____ Degree: _____

Married At: _____ Date: _____

Place of Worship: _____ Denomination: _____

Street: _____ City: _____ State: _____ Clergy: _____

EMPLOYMENT – MILITARY EXPERIENCE: _____

ORGANIZATIONS – SPECIAL INTERESTS – ACTIVITIES – HOBBIES: _____

SPOUSE	MAIDEN NAME	LAST NAME	ADDRESS—PHONE

() DAUGHTERS AND () SONS-IN-LAW

DAUGHTER'S NAME	HUSBAND	LAST NAME	ADDRESS—PHONE

() SONS AND () DAUGHTERS-IN-LAW

SON'S NAME	WIFE	LAST NAME	ADDRESS—PHONE

() SISTERS AND () BROTHERS-IN-LAW

SISTER'S NAME	HUSBAND	LAST NAME	ADDRESS—PHONE

() BROTHERS AND () SISTERS-IN-LAW

BROTHER'S NAME	WIFE	LAST NAME	ADDRESS—PHONE

_____ Grandchildren: _____

_____ Great-Grandchildren: _____

_____ Great-Great-Grandchildren: _____
 _____ Nieces _____ Nephews Other Special People: _____

PRECEDED IN DEATH BY: _____

The family prefers memorials to: _____

FUNERAL **MASS** **MEMORIAL** **SERVICE:** Time: _____ Day: _____ Date: _____

Church/Place: _____ City: _____ Phone: _____

Clergy: _____ Phone: _____

Organist/Musician: _____ Phone: _____

Soloist: _____ Phone: _____

Lunch Refreshments: After Funeral Service/Mass After Committal at: _____

Military Rites: _____ Post #: _____

ROSARY **VIGIL** **PRAYER** **FAMILY** **SERVICE:** Time: _____ Day: _____ Date: _____

Location: _____ Leader: _____

VISITATION: Time: _____ to _____ Day: _____ Date: _____

One hour before services at: _____

COMMITTAL: Time: _____ Day: _____ Date: _____

Cemetery: _____ **City:** _____

WAKE: Time: _____ Day: _____ Date: _____ Place: _____ City: _____

Leave Perry's: _____ Meet at Corner: _____ Notes: _____

Time to Deliver flowers: _____ **MILITARY FLAG:** Folded Draped

MEMORIAL FOLDERS, OBITUARY, ETC.:

BISMARCK TRIBUNE OBITUARY: **SEND DEATH NOTICE?** _____ **SEND OBITUARY?** _____

Full Obit w/ Picture Full Obit No Picture Generic Obit _____

Additional Newspapers: Full w/ Picture Full w/ No Picture Generic Obit _____

SERVICE FOLDER: Picture on Front Picture Inside Pre-Printed or Paper Stock: _____

Folder Example or description: _____

Poem on Back _____ Clipart on Back _____

Number to Print: _____ Clipart Flag Service Emblems: _____

GUEST BOOK: _____ **THANK YOU CARDS:** _____ **TEMP. MARKER:** Yes No

CASKETBEARERS: _____

HONORARY PALLBEARERS: _____

VETERANS INFORMATION **Veteran:** Yes No

Branch: Army Navy Air Force Marines Coast Guard Other _____

War: Sp. Am. WWI WWII Korean Conflict Post 1-55 Vietnam Other _____

Highest Rank: _____ Enlistment Date: _____ Place: _____

Discharge Date: _____ Place: _____ Service Number: _____

VA File / Claim Number: _____ Emblem on Marker: _____ Flag: Folded Draped

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

PROFESSIONAL FUNERAL SERVICES SELECTED: _____ \$ _____
 Night Before Service (Visitation/Prayer/Rosary/Wake): _____ \$ _____
 Saturday Service Charge: _____ \$ _____
 Other: _____ \$ _____
TOTAL PROFESSIONAL SERVICES SELECTED: _____ \$ _____

MERCHANDISE SELECTED

Casket/Urn: Mfr. _____ Model: _____ \$ _____
 Outer Burial Container: Mfr. _____ Model: _____ \$ _____
 Memorial Package: _____ \$ _____
 Other (specify): _____ \$ _____

TOTAL MERCHANDISE SELECTED \$ _____

SUBTOTAL GOODS AND SERVICES \$ _____

Charges are only for those items that you selected or that are required. If we are required by law or by cemetery or crematory to use any items, we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming we will explain why below.

Cemetery or crematory requirements, if any: _____

Reason for Embalming: _____ I/We authorize DaWise-Perry Funeral Services to embalm: Yes No

CASH ADVANCE ITEMS

Grave Opening/Closing: _____ \$ _____
 Bismarck Tribune Obituary: _____ \$ _____
 Additional Newspapers _____ \$ _____
 Certified Death Certificates: _____ @ _____ Mailed to: _____ \$ _____
 Additional Death Certificates: _____ @ _____ Financial DC's _____ Full DC's _____ \$ _____
 Burial / Cremation Permit: _____ \$ _____
 Flowers + Tax: _____ \$ _____
 Clergy Honorarium: _____ \$ _____
 Deacon/Other Honorarium: _____ \$ _____
 Musician/Organist: _____ \$ _____
 Soloist/Song Leader: _____ \$ _____
 Altar Servers: _____ @ \$10 _____ \$ _____
 Lunch – Food Costs + tax: _____ \$ _____
 Lunch – Cleanup: _____ \$ _____
 Tent and Chairs: _____ \$ _____
 Vault Delivery and Set-up: _____ \$ _____
 Military Rites Honorarium: _____ \$ _____
 Mileage (if applicable): _____ Miles @ \$ _____ to _____ \$ _____
 Stone Lettering: _____ \$ _____
 Other (Specify): _____ \$ _____

SUBTOTAL CASH ADVANCE ITEMS \$ _____

TOTAL ESTIMATED FUNERAL: (Cash Advance items may change when actual costs are determined.) \$ _____

All fees are due and payable at the time services are provided. Prompt payment permits us to continue to offer services at the lowest possible cost.

As a service to our families, we also accept MasterCard and Visa. Terms of payment _____

_____ A Legal rate of interest shall be charged after 30 days.

I/We was shown DaWise-Perry Funeral Services' current General, Casket, and Outer Burial Container price lists prior to discussing those prices, services or merchandise. I/We have read this Statement of Funeral Goods and Services, and understand it. A completed copy of this Statement of Funeral Goods and Services will be given to me. I/We assume responsibility for full payment along with such additional service and/or items ordered by me/us, and agree to terms of payment described above.

 (Signature of Purchaser)

 (Signature of Purchaser)

 (Address)

 (Address)

DaWise-Perry Funeral Services agrees to provide the services and merchandise described in consideration of the payment of the stated amount.

Date: _____ Time: _____ (Signature of Funeral Home Representative)