

**Davenport Family Funeral Home  
Emergency Record Guide**

No. \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last Age \_\_\_\_\_

Date of Death \_\_\_\_\_ Hour \_\_\_\_\_ A.M./P.M.

Arrangement Appointment—Day & Time: \_\_\_\_\_ # of death certificates requested: \_\_\_\_\_

Visitation	Funeral
<input type="checkbox"/> Barrington <input type="checkbox"/> Crystal Lake <input type="checkbox"/> Church <input type="checkbox"/> Other	<input type="checkbox"/> Service <input type="checkbox"/> Mass <input type="checkbox"/> Graveside Service <input type="checkbox"/> Memorial Service
Location: _____	Location: _____
Date: _____ Hours: _____	Day-Date: _____ Hour: _____
<input type="checkbox"/> Barrington <input type="checkbox"/> Crystal Lake <input type="checkbox"/> Church <input type="checkbox"/> Other	Clergy: _____
Location: _____	Organist: _____
Date: _____ Hours: _____	Soloist: _____
<b>Cemetery:</b>	Other Musician: _____
<b>Amount Due:</b> _____	
Grave: _____	
Lot: _____	
Block: _____	
Section: _____	

Flowers: \_\_\_\_\_

**Vital Statistics**

Decedent's Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ County: \_\_\_\_\_ Inside City Limits: \_\_\_\_\_

Place of Death: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

If Hospital:   Inpatient                      Emergency Room/Outpatient                      DOA

If not at Hospital:   Hospice Facility    Nursing Home    Decedent's Home    Other (Specify): \_\_\_\_\_

Certifier of Death Certificate: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name (Maiden): \_\_\_\_\_

Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<p align="center"><b>Decedent's Education:</b></p> <input type="checkbox"/> 8 <sup>th</sup> Grade or Less <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> Grade—No Diploma <input type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit, but no Degree <input type="checkbox"/> Associate Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown	<p align="center"><b>Decedent's Race (Check one or More)</b></p> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Name of the Enrolled/Principle Tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____
<p align="center"><b>Decedent of Hispanic Origin?</b></p> <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____	<p>Social Security #: _____</p> <p>Usual Occupation: _____</p> <p>Business/Industry: _____</p>

Marital Status at Time of Death:    Married    Married but Separated    Widowed    Divorced    Never Married    Unknown

Surviving Spouse: \_\_\_\_\_

Did tobacco use contribute to death?    Yes    No    Probably    Unknown

If Female:    Not pregnant within past 12 months    Not pregnant, but pregnant within 42 days of death    Pregnant at time of death  
 Not pregnant, but pregnant 43 days to 1 year before death                       Pregnant within one year of death but time unknown  
 Unknown if pregnant within the past 12 months

Veteran:    Yes    No                      Branch of Service: \_\_\_\_\_                      Rank: \_\_\_\_\_

Military Service Dates: \_\_\_\_\_ # of Presidential Certificates Requested: \_\_\_\_\_

Informant's Name: \_\_\_\_\_

Informant's Address: \_\_\_\_\_

Informant's Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Place Obituaries in the Following Newspapers:**  
 1.)  
 2.)  
 3.)  
 4.)  
 5.)

**Davenport Family Funeral Home  
 & Crematory**  
 419 East Terra Cotta Avenue  
 Telephone: 815.459.3411  
 Fax: 815.459.3444

**Days to Run Obituaries:**

Services/Prayers/Mass

For: \_\_\_\_\_ (Maiden Name) \_\_\_\_\_ (Age)

of: \_\_\_\_\_

Will be held at: (Time) \_\_\_\_\_, (Day) \_\_\_\_\_, (Date) \_\_\_\_\_

at: \_\_\_\_\_

\_\_\_\_\_

The Reverend / Father: \_\_\_\_\_ will officiate.

Born: \_\_\_\_\_, in \_\_\_\_\_

He/She passed away: \_\_\_\_\_, at \_\_\_\_\_

Burial will be in: \_\_\_\_\_

Visitation: (Time) \_\_\_\_\_ (Day) \_\_\_\_\_ (Date) \_\_\_\_\_

Occupation (name of firm, length of employment, positions held, retired?):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community, Civic or Lodge Organizations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Military Service:

Church Affiliation:

Other Clubs, Hobbies or Achievements:

\_\_\_\_\_

\_\_\_\_\_

Survivors include (spouse)

\_\_\_\_\_

/Children:

\_\_\_\_\_

\_\_\_\_\_

/Grandchildren /Great Grandchildren /Great-Great Grandchildren

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents:

/Sisters /Brothers

\_\_\_\_\_

\_\_\_\_\_

Other Survivors:

\_\_\_\_\_

He/She was preceded in death by:

\_\_\_\_\_

\_\_\_\_\_

Memorials (In Lieu of Flowers):

\_\_\_\_\_

\_\_\_\_\_

Arrangements were made by Davenport Family Funeral Home, Crystal Lake. For information, 815.459.3411