

Individual Biographical Form

Name as listed in Official Records:

Last Name	First Name	Middle Name	Maiden Name	Nickname

Buried in Cemetery: _____

Stone Number: _____

Individual Number: _____

Information Inscribed on the Marker

Name (as it appears on marker)	
Date of Birth	
Date of Death	
Age	Sex:
Mortuary Symbol	
Type of Marker	
Marker Material	
Inscription or Epitaph	
Other Data (pronoun, veterans status, etc.)	

Additional Information about the Deceased (this does not replace a family tree)

Mother	
Father	
Spouse	
Siblings	
Other kinship affiliation	
Address at time of death	
Place of birth	
Place of death	
Cause of death	
Occupation	
Church	
Funeral Home	
Published Obituary	
Death Certificate Located	

Notes:

Date Form completed: _____

Form completed by: _____