

# Robert Massie Funeral Home, Inc.

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NAME FOR NEWSPAPER \_\_\_\_\_

† FULL LEGAL NAME (Middle) \_\_\_\_\_ PHONE # OF FAMILY \_\_\_\_\_

† RESIDENCE \_\_\_\_\_ \* CITY \_\_\_\_\_ \* STATE \_\_\_\_\_ \* ZIP \_\_\_\_\_

† INSIDE CITY LIMITS: (Circle one) Y or N \* SEX M or F \* RACE \_\_\_\_\_ \* MARITAL STATUS (Specify) \_\_\_\_\_

† PLACE OF BIRTH \_\_\_\_\_ \* DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

† FATHER'S NAME \_\_\_\_\_

† MOTHER'S FIRST AND MAIDEN NAME \_\_\_\_\_

† OCCUPATION (Retired not accepted) \_\_\_\_\_ \* SOCIAL SECURITY # \_\_\_\_\_

† EMPLOYER/ KIND OF BUSINESS \_\_\_\_\_ \* EDUCATION (TX Vital Statistics only) \_\_\_\_\_

† SPOUSE FIRST NAME & (MAIDEN) \_\_\_\_\_ DATE OF MARRIAGE \_\_\_\_\_

† PLACE OF MARRIAGE (City, State) \_\_\_\_\_ \* IS SPOUSE DECEASED Y or N (If yes, date) \_\_\_\_\_

† VETERAN: Y or N BRANCH \_\_\_\_\_ RANK \_\_\_\_\_ WAR \_\_\_\_\_

† REFERED TIME & DAY OF FUNERAL \_\_\_\_\_ PLACE \_\_\_\_\_

† MINISTER \_\_\_\_\_ CHURCH \_\_\_\_\_ PHONE \_\_\_\_\_

† CEMETERY \_\_\_\_\_ OWN SPACES YES or NO IS HEADSTONE ALREADY IN PLACE YES or NO

† FAMILY TO RECEIVE FRIENDS AT SET VISITATION TIME Y or N TIME & DAY \_\_\_\_\_  
(Our hours are 8:00 AM to 8:00 PM for visitation or services )

† PRAYER / ROSARY SERVICE Y or N TIME & DAY \_\_\_\_\_

† CARRIERS (6) (Print in obituary ) \_\_\_\_\_

\_\_\_\_\_

† SONGS (2-3) \_\_\_\_\_

\_\_\_\_\_

† ORGANIST \_\_\_\_\_ VOCALIST \_\_\_\_\_

Traditionally for services caskets are open before and after services for final viewing. ) YOUR PREFERENCE \_\_\_\_\_

† INFORMANT / »BENEIFICARY \_\_\_\_\_ »DATE OF BIRTH \_\_\_\_\_

† SS # \_\_\_\_\_ \* ADDRESS \_\_\_\_\_

† CITY \_\_\_\_\_ \* STATE \_\_\_\_\_ \* ZIP \_\_\_\_\_

† » RELATIONSHIP \_\_\_\_\_ PHONE # HM: \_\_\_\_\_ WK: \_\_\_\_\_

\* (This info is about Deceased and is required by the state for the death certificate)      » (This info is to assist in the filing of any insurance) Rev.JW35-C

