

Tisdale-Lann Memorial Funeral Home

100 West Washington Street

Aberdeen, MS 39730

(662) 369-2211

“Caring with Care”

TO FAMILY MEMBERS:

We appreciate the confidence you have placed in our firm. Every effort will be made to handle the arrangements in such a way as to make this difficult time as easy for you as possible.

During the arrangement conference, we will need biographical information, birth date and birthplace, parent’s names, surviving family members and predeceased family members. We will need employment history (occupation/type of business) and the Social Security number of the deceased. If he/she were a veteran, we will also need you to bring his/her military discharge. The following pages will aid you in providing us with this vital information.

Please bring the items of clothing and underclothing that you wish to use to the arrangement conference. We do have a selection of clothing at the funeral home which you can select from if you prefer. If you would like to use any personal effects such as jewelry, eyeglasses, cosmetics, or fragrances, please bring them with you.

If you wish to use a beautician/barber, we will need to know whom you prefer and will be glad to contact her/him on your behalf.

At the arrangement conference, we will discuss which florist you want to use, cemetery arrangements, visitation times, and the contacting of ministers, musicians, and pallbearers. The attached pages have a place for this information.

You are welcome to bring any pictures or items to display during visitation.

WE ARE HERE TO ASSIST AND COMFORT YOU DURING THE LOSS OF YOUR LOVED ONE. PLEASE DO NOT HESITATE TO CALL US FOR ASSISTANCE OR FOR ANSWERING QUESTIONS YOU MIGHT HAVE DURING THIS DIFFICULT TIME.

TISDALE-LANN MEMORIAL FUNERAL HOME STAFF

“CARING WITH CARE”

MFDA
NFDA

DECEASED’S NAME: _____

DECEASED’S ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

COUNTY LIVED: _____ **COUNTY DIED:** _____

BORN: _____ **DIED:** _____ **CAUSE OF DEATH:** _____

AGE: _____ **BIRTH PLACE:** _____

MARRIED _____ **SINGLE** _____ **WIDOWED** _____ **VETERAN** _____

LENGTH OF RESIDENCE: _____

SOCIAL SECURITY CONTACT AND ADDRESS: _____

PLACE OF DEATH: _____ **DOCTOR:** _____

OCCUPATION: _____

EDUCATION: _____

CHURCH AND/OR FRATERNAL AFFILIATION: _____

BUSINESS TO CLOSE: _____ **FLOWERS OR CONTRIBUTIONS:** _____

PLACE OF FUNERAL: _____ **TIME:** _____ **DATE:** _____

PLACE OF INTERMENT: _____ **MUSIC:** _____

CLERGY: _____

FATHER: _____

MOTHER: _____

HUSBAND/WIFE: _____

SURVIVORS

(PLEASE LIST SPOUSE AND PLACE OF RESIDENCE)

DAUGHTERS: _____

SONS: _____

PARENTS: _____

SISTERS: _____

BROTHERS: _____

GRANDCHILDREN # _____

GREAT-GRANDCHILDREN # _____

GREAT-GREAT-GRANDCHILDREN # _____

PRECEDED IN DEATH BY: _____

INFORMANT: _____

RELATIONSHIP: _____ **TELEPHONE #** _____

PALLBEARERS: _____

HONORARY PALLBEARERS: _____

VISITATION

VISITATION HOURS:

FAMILY: _____ **PUBLIC:** _____

DATE: _____

JEWELRY

LIST ALL JEWELRY THAT YOU BRING: _____
