



THE JEWISH FUNERAL HOME
 PORTLAND CHEVRA KADISHA

Name _____ **Hebrew Name** _____

Residence _____

Residence line 2 _____

Place of Death _____

Date of Death _____ **Single** **Married** **Widowed**

Husband or Wife (Maiden name) _____ **Age** _____

Birthplace of Deceased _____

Date of Birth _____ **Age** _____

Veteran status _____ **Service Number** _____

Occupation/Industry _____ **Social Security Number** _____

Informant _____

Informant's Address/phone _____

Father's Name _____

Mother's Maiden Name _____

Level of Education _____

Location/date of service/clergy _____

Obituaries/Cemetery _____

Sons / Daughters _____

Brothers / Sisters _____

Grandchildren _____
