



# Lesneski Mortuary

100% Family Owned and Operated

Phone: 949 492.1717

Fax: 949 492-6197

## Funeral Service Record

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

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

State Book: \_\_\_\_\_

EDRS#: \_\_\_\_\_

Soc. Sec.: \_\_\_\_\_

Cert. Started: \_\_\_\_\_

Signed: \_\_\_\_\_

Copy: For Dr.  For Hosp.

Certificate Field: \_\_\_\_\_

Comfort Folder: \_\_\_\_\_

Ledger Card: \_\_\_\_\_

Index: \_\_\_\_\_

Full Name Of Deceased: \_\_\_\_\_

Usual Residence: \_\_\_\_\_ City: \_\_\_\_\_

Informant or Person in Charge: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_ (Spouse / IP, ER / OP, DO)

Place of Death: \_\_\_\_\_ (In Hosp. or San give name)

Address: \_\_\_\_\_ City: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Hour: \_\_\_\_\_ Religion: \_\_\_\_\_

Coroner Number: \_\_\_\_\_ Investigator: \_\_\_\_\_

Full Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Doctor: \_\_\_\_\_ City: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Sex: \_\_\_\_\_ Color or Race: \_\_\_\_\_

Birthplace of Deceased: \_\_\_\_\_

Age: \_\_\_\_\_ If less than 1 day old: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Name of Father: \_\_\_\_\_

Birthplace of Father: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Birthplace of Mother: \_\_\_\_\_

Citizen of What Country: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Last Occupation of Deceased: \_\_\_\_\_

Years Worked: \_\_\_\_\_ Kind of Industry: \_\_\_\_\_

Military Service: \_\_\_\_\_ Year: \_\_\_\_\_ To Year: \_\_\_\_\_

Married, Never Married, Widowed or Divorced: \_\_\_\_\_

Name of Present Spouse: \_\_\_\_\_

Length Stay in County of Residence: \_\_\_\_\_

Highest Grade: \_\_\_\_\_

Autos for Funeral: \_\_\_\_\_

### FUNERAL ARRANGEMENTS

Visitation: \_\_\_\_\_

Rosary: \_\_\_\_\_

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Place of Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Minister/Priest: \_\_\_\_\_

Crematory: \_\_\_\_\_

Organist: \_\_\_\_\_

Soloist: \_\_\_\_\_

Music: \_\_\_\_\_

Military Honors: Yes  No

Director: \_\_\_\_\_

Bearers: \_\_\_\_\_

Double or Single: \_\_\_\_\_

Section: \_\_\_\_\_

Crypt: \_\_\_\_\_

Reservation: \_\_\_\_\_

Jewelry: \_\_\_\_\_

Coach: \_\_\_\_\_

Flower Cards: \_\_\_\_\_

Casket Piece Card: \_\_\_\_\_

Tier or Lot: \_\_\_\_\_

Block: \_\_\_\_\_

Corridor: \_\_\_\_\_

Limousine: \_\_\_\_\_

Sympathy Cards: \_\_\_\_\_

Flower Car: \_\_\_\_\_

Motor Escorts: \_\_\_\_\_

Mass Cards: \_\_\_\_\_

Number of Cars: \_\_\_\_\_

Last Rites RCC: Yes  No  By: \_\_\_\_\_

Pacemaker: Yes  No

Guest Book: \_\_\_\_\_ Crucifix: Wood  Metal

Type of Memorial Folder: \_\_\_\_\_

Type of Prayer Card: \_\_\_\_\_

Verse on Folder/Prayer Card: \_\_\_\_\_

**PROFESSIONAL SERVICES GRAND TOTAL**

Book & Folders: \_\_\_\_\_  
 Casket or Alternative Container: \_\_\_\_\_  
 Vault - Urn - Shipping Container: \_\_\_\_\_  
 Marker: \_\_\_\_\_  
 Clergy Honorarium: \_\_\_\_\_  
 Organist: \_\_\_\_\_  
 Soloist: \_\_\_\_\_  
 Crematory: \_\_\_\_\_  
 Cemetery: \_\_\_\_\_  
 Marker: \_\_\_\_\_  
 Church: \_\_\_\_\_  
 Flowers: \_\_\_\_\_  
 California Sales Tax: \_\_\_\_\_ Casket: \_\_\_\_\_ Vault: \_\_\_\_\_ Marker: \_\_\_\_\_ Urn: \_\_\_\_\_ Book & Cards: \_\_\_\_\_  
 Motor Escorts: ( ) \_\_\_\_\_  
 Airlines: \_\_\_\_\_  
 Burial Permit: \_\_\_\_\_  
 Certified Copies: ( ) Mail to: \_\_\_\_\_ Vet. Free Copy Ord.: \_\_\_\_\_  
 Coroners Fee: \_\_\_\_\_  
 Additional Charges: \_\_\_\_\_

**TOTAL OF ACCOUNT:**

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Rosary Services - Hour: _____ Date: _____ Place: _____ Music: _____ _____ _____ _____ Auto to: _____ _____ _____ _____	//	Ship To: _____ Leaves Via: _____ Hour: _____ Day: _____ Date: _____ Arrives Via: _____ Hour: _____ Day: _____ Date: _____ Leaves Via: _____ Hour: _____ Day: _____ Date: _____ Arrives Via: _____ Hour: _____ Day: _____ Date: _____ REC. MORT.: _____ Address: _____ Phone: _____
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Autopsy: Yes  No  Hgt.: \_\_\_\_\_ Wgt.: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Color Eyes: \_\_\_\_\_ Teeth: \_\_\_\_\_ Dentures: \_\_\_\_\_  
 Embalmer: \_\_\_\_\_ No.: \_\_\_\_\_ First Call by: \_\_\_\_\_

RELATIVES	NAME	ADDRESS	PHONE

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Arrangement Time -Hour: \_\_\_\_\_ Day: \_\_\_\_\_ Date: \_\_\_\_\_  
 Auto: \_\_\_\_\_  
 Reason for calling us: \_\_\_\_\_ Previously Served Name: \_\_\_\_\_ No.: \_\_\_\_\_