

# *Axelson*

Funeral &  
Cremation Services

**Axelson**

Funeral Home & Crematory

2009 Harrison Avenue • Butte, MT 59701

Phone: 406-494-4264 • Fax: 406- 299-2447

The  
Life History And  
Funeral Service  
Information  
For

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**PERSONAL INFORMATION**

Informant \_\_\_\_\_ Relationship \_\_\_\_\_  
(Person in Charge of Arrangements)

Complete Address of Informant \_\_\_\_\_  
Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ / \_\_\_\_\_

Born (date) \_\_\_\_\_ Where \_\_\_\_\_

Nationality \_\_\_\_\_

Place of Residence (Before Marriage) \_\_\_\_\_ Occupation-Employment \_\_\_\_\_ Date \_\_\_\_\_

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**Education** **Where** **When**

Grade School \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

Total Years of Schooling \_\_\_\_\_

**Military Service**

Entered (date) \_\_\_\_\_ Where \_\_\_\_\_

Organization \_\_\_\_\_ Where \_\_\_\_\_ Dates \_\_\_\_\_

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Discharged (date) \_\_\_\_\_ Where \_\_\_\_\_

Rank \_\_\_\_\_ Service No. \_\_\_\_\_

Married \_\_\_\_\_

Date \_\_\_\_\_ Where \_\_\_\_\_

Married \_\_\_\_\_ Is Spouse Deceased? \_\_\_\_\_ If So, When? \_\_\_\_\_

Date \_\_\_\_\_ Where \_\_\_\_\_

Place of Residence (After Marriage) Occupation or Employment Dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Public & Church Service (public office held, Sunday School Teacher, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lodges & Organizations (Membership & Activities)

\_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Children's Names (Husband's Name If Married)

Addresses (City & State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Grandchildren \_\_\_\_\_ Number of Great Grandchildren \_\_\_\_\_

Number of Great, Great Grandchildren \_\_\_\_\_

Brothers & Sisters

Addresses (City & State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preceded in Death by Whom?

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**REQUESTED DETAILED SERVICES**

Church or Chapel \_\_\_\_\_

Minister or Clergy \_\_\_\_\_

Music \_\_\_\_\_

Singers \_\_\_\_\_

Bible References \_\_\_\_\_

Pallbearers \_\_\_\_\_

Alternates \_\_\_\_\_

Military Service \_\_\_\_\_

Lodge Services \_\_\_\_\_

Burial – Cemetery \_\_\_\_\_

Mausoleum \_\_\_\_\_

Cremation \_\_\_\_\_

Special Requests \_\_\_\_\_

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Dated This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

At \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

Signature