

PARADISE MEMORIAL
FUNERAL AND CREMATION SERVICES

Intake Form

Name of Deceased: _____

(Include maiden name if applicable): _____

Location of Death: _____

Date of Death: _____ Date of Birth: _____

Place of Birth-City: _____

Veteran: ☐ Yes or ☐ No (Specify Years and Branch) _____

SS#: _____ Religion: _____

Sex: _____ Race/Ethnicity: _____

Marital Status: ☐ Never Married ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Type of Service:

☐ Funeral with Burial/Entombment ☐ Funeral with Cremation ☐ Memorial Service with Cremation ☐ Direct Cremation

Primary Informant

Name: _____ Relationship: _____

Address: _____

State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Immediate Family Members: _____



ParadiseMemorialFuneralHome.com

Paradise Memorial Funeral Home • 7625 W Appleton Ave., Milwaukee, WI 53222 • P (414) 461-8000
Leon L. Williamson Funeral Chapel • 2157 North 12th St., Milwaukee, WI 53205 • P (414) 374-1812