

# Epting Funeral Home

Mailing Address:

**BENTONVILLE**  
709 North Walton Blvd  
Bentonville, AR 72712  
(479)273-3443

**BELLA VISTA**  
420 NE Towncenter  
Bella Vista, AR 72714  
(479) 855-3900

**GRAVETTE**  
209 SW 2<sup>nd</sup> Ave. #A  
Gravette, AR 72736  
(479) 787-9747

**FAYETTEVILLE**  
28 South College  
Fayetteville, AR 72701  
(479) 443-3443

Fax (479) 273-3677

Email: eptingfuneralhome@gmail.com

## INFORMATION SHEET

<b>Legal Name</b>		<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DOD</b>	<b>TOD</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Social Security Number</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Birthplace (City &amp; State or Foreign Country)</b>	
<b>State of Residence</b>	<b>County</b>		<b>City</b>	
<b>Street Address</b>		<b>Apt. #</b>	<b>Zip</b>	<b>Inside City Limits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Armed Forces (If yes, branch?)</b> <input type="checkbox"/> yes or <input type="checkbox"/> no	<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		<b>Surviving Spouse's Name (if wife, maiden name)</b>	
<b>If Death Occurred in a Hospital:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival	<b>Place of Death</b> <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Other-specify <input type="checkbox"/> Nursing Home/Long Term Care Facility		<b>County of Death</b>	
<b>Facility Name of Place of Death (If not institution, street address)</b>		<b>City</b>	<b>Zip</b>	
<b>Father's Name</b>		<b>Mother's Name (prior to first marriage)</b>		
<b>Usual Occupation</b>		<b>Kind of Business/Industry</b>		
<b>Informant's Name</b>		<b>Informant's Relationship to Decedent</b>	<b>Informant's Mailing Address</b>	
<b>Method of Disposition</b> <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other-specify:		<b>Place of Disposition</b>		<b>City/State</b>
<b>Level of Education</b>	<b>Race</b>	<b>Of Hispanic Origin?</b>		<b>Informant's Phone Number</b>
<b>Family E-mail Address</b>		<b>Clubs and Organizations</b>		
<b>Obituary Information</b>				
<b>Personal Interests</b>				
<b>Period of Time Living in NWA</b>		<b>Moved From</b>		
<b>Date/Time of Funeral</b>		<b>Place of Funeral</b>		
<b>Number in Family at Funeral</b>		<b>Family Will Sit</b>		
<b>Visitation Date/Time</b>		<b>Place of Visitation</b>		
<b>Open Casket</b>		<b>Place of Burial</b>		
<b>Minister</b>				
<b>Memorials Sent To</b>				
<b>Pallbearers</b>				
<b>Honorary Pallbearers</b>				

**SURVIVING RELATIVES**

<b>Spouse</b>	<b>Residence</b>	<b>Date of Marriage</b>
<b>Mother</b>	<b>Father</b>	
<b>Son(1)</b>	<b>Wife</b>	<b>Place of Residence</b>
<b>Son(2)</b>	<b>Wife</b>	<b>Place of Residence</b>
<b>Son(3)</b>	<b>Wife</b>	<b>Place of Residence</b>
<b>Son(4)</b>	<b>Wife</b>	<b>Place of Residence</b>
<b>Daughter(1)</b>	<b>Husband</b>	<b>Place of Residence</b>
<b>Daughter(2)</b>	<b>Husband</b>	<b>Place of Residence</b>
<b>Daughter(3)</b>	<b>Husband</b>	<b>Place of Residence</b>
<b>Daughter(4)</b>	<b>Husband</b>	<b>Place of Residence</b>
<b>Brother(1)</b>	<b>Wife</b>	<b>Place of Residence</b>
<b>Brother(2)</b>	<b>Wife</b>	<b>Place of Residence</b>
<b>Brother(3)</b>	<b>Wife</b>	<b>Place of Residence</b>
<b>Brother(4)</b>	<b>Wife</b>	<b>Place of Residence</b>
<b>Sister(1)</b>	<b>Husband</b>	<b>Place of Residence</b>
<b>Sister(2)</b>	<b>Husband</b>	<b>Place of Residence</b>
<b>Sister(3)</b>	<b>Husband</b>	<b>Place of Residence</b>
<b>Sister(4)</b>	<b>Husband</b>	<b>Place of Residence</b>

**Other Survivors**

**# of Grandchildren**

**# of Great-Grandchildren**

**Preceded in Death By**

**TO BE COMPLETED BY FUNERAL HOME STAFF**

Cremation Verbal Authorization Given By:	Date/Time	Contacted By:		
O/S Container Ordered By	Date/Time	Contact Name		
Obit Sent	Free or Paid	Additional Papers		
Cemetery Plot Marked	Grave Opened	Contact	Date/Time	
Memorial Folders	SSN(721)	Visitation Covered	Temp Marker	Hair
Reg. Book Completed	DC to Dr.	DC Filed	DC#	
Hearse Ordered	Limo Ordered	Family Flowers From		
Flag Ordered	Honor Guard Contact			