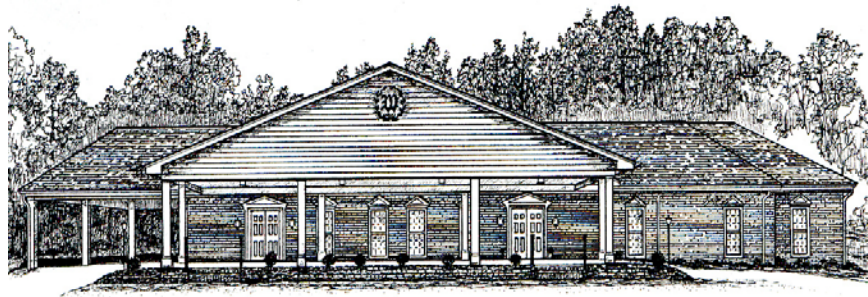


Waller Funeral Home & Cremation Services
419 Highway Six West
P.O. Box 1200
Oxford, Mississippi 38655
662-234-7971
www.wallerfuneralhome.com
E-mail: staff@wallerfuneralhome.com



"OUR FAMILY SERVING YOUR FAMILY SINCE 1977"



Pursuit of Excellence
National Funeral Directors Association

Award Recipient: 2002 – 2013

Inducted into the
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in 2014

WALLER FUNERAL HOME
HIGHWAY SIX WEST
P. O. BOX 1200
OXFORD, MISSISSIPPI 38655
662-234-7971

THANK YOU FOR PLACING YOUR TRUST AND CONFIDENCE IN WALLER FUNERAL HOME. WE OFFER OUR SINCERE CONDOLENCES FOR THE LOSS OF YOUR LOVED ONE AND WILL HELP BY PROVIDING COMPASSIONATE, CAPABLE, AND PROFESSIONAL SERVICES. WE REQUEST YOUR COOPERATION AND PATIENCE AS YOU ASSIST US IN MAKING ARRANGEMENTS AND IN COMPLETING IMPORTANT RECORDS.

THE ATTACHED SHEETS REQUEST INFORMATION NEEDED ABOUT THE DECEASED. PLEASE COMPLETE AND BRING THE INFORMATION TO THE ARRANGEMENTS CONFERENCE. EVERY ITEM INCLUDED IS NEEDED EITHER IN PLANNING THE FUNERAL/BURIAL SERVICES, IN SUPPLYING INFORMATION REQUESTED BY THE NEWSPAPERS, OR IN COMPLETING THE DEATH CERTIFICATE. UNLESS YOU REQUEST OTHERWISE, WE WILL SUPPLY THE USUAL INFORMATION TO THE APPROPRIATE NEWSPAPERS. WE WILL ALSO REQUEST THE DESIRED NUMBER OF CERTIFIED DEATH CERTIFICATES. IF YOU HAVE ANY QUESTIONS ABOUT THE NEED FOR THE INFORMATION REQUESTED OR ABOUT THE ANSWERS REQUIRED, PLEASE CALL US (662)234-7971 OR ASK DURING THE ARRANGEMENTS CONFERENCE.

“AN OXFORD TRADITION”

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OXFORD, MISSISSIPPI 38655
(662)234-7971

PLEASE PRINT

NAME _____
FIRST NICKNAME MIDDLE MAIDEN LAST

RESIDENCE _____ PHONE # _____

CITY _____ STATE _____ ZIP CODE _____

PLACE OF DEATH _____

DATE OF DEATH _____

SEX _____ NEVER MARRIED _____ MARRIED _____ WIDOWED _____ DIVORCED _____

HUSBAND OF (MAIDEN NAME) _____

WIFE OF _____

BIRTHPLACE OF DECEASED _____

DATE OF BIRTH _____ AGE _____ SOCIAL SECURITY # _____

VETERAN (WAR & UNIT) _____ COMPLETED EDUCATION 1—12 _____

VETERAN (RANK) _____ TYPE OF DEGREE _____

OCCUPATION _____
(IF RETIRED, LAST PLACE OF EMPLOYMENT)

POSITION HELD _____

FATHER'S FULL NAME _____

MOTHER'S MAIDEN NAME _____

FUNERAL SERVICE AT _____

DATE _____ TIME _____
DATE AND TIME TO BE DETERMINED AT TIME OF ARRANGEMENTS CONFERENCE

CEMETERY _____ CITY _____

MINISTER(S) _____

MUSIC _____
NAMES OF MUSICIANS

MUSIC _____
NAMES OF SONGS

FAMILY VISITATION _____ VISITATION _____
DATE & TIME TO BE DETERMINED AT TIME OF ARRANGEMENTS CONFERENCE

SURVIVING RELATIVES

FATHER _____

MOTHER _____

HUSBAND _____

WIFE _____

DAUGHTERS _____

SONS _____

SISTERS _____

BROTHERS _____

NUMBER OF GRANDCHILDREN _____

NUMBER OF GREAT GRANDCHILDREN _____

NUMBER OF GREAT GREAT GRANDCHILDREN _____

NAMES OF SURVIVING GRANDPARENTS _____

IF YOU HAVE ANY QUESTIONS ABOUT THE FUNERAL SERVICE OR RELATED ITEMS,
PLEASE MAKE NOTES SO WE CAN DISCUSS THEM AT THE ARRANGEMENTS CONFERENCE.

IF POSSIBLE, PLEASE BRING TO THE ARRANGEMENTS CONFERENCE CLOTHES TO DRESS
THE DECEASED FOR BURIAL; OR, IF YOU PREFER, WE WILL SHOW YOU WHAT WE HAVE
AVAILABLE FOR PURCHASE. CLOTHES SHOULD INCLUDE THE USUAL UNDERGARMENTS,
OUTERGARMENTS, AND HOSE /SOCKS. WE SUGGEST LONG-SLEEVED GARMENTS FOR
BOTH MEN AND WOMEN. WE ALSO SUGGEST A FULL SLIP FOR WOMEN. SHOES AND
BELTS ARE NOT REQUIRED, BUT WE WILL USE THEM IF THEY ARE FURNISHED.

WALLER FUNERAL HOME

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662-234-7971

FOR EVERY FAMILY TO FULLY UNDERSTAND AND TO PREPARE FOR THEIR FINANCIAL OBLIGATION, PAYMENT FOR SERVICES WITH WALLER FUNERAL HOME WILL BE ARRANGED AND COMPLETED AT THE END OF THE ARRANGEMENTS CONFERENCE. YOU WILL BE PROVIDED WITH A COPY OF OUR GENERAL PRICE LIST, CASKET PRICE LIST, AND OUR OUTER BURIAL CONTAINER PRICE LIST DURING THE ARRANGEMENTS CONFERENCE. WE ACCEPT AND OFFER THE FOLLOWING PAYMENT OPTIONS.

1. CASH OR CHECK
2. VISA, MASTER CARD, OR DISCOVER
3. VERIFIED LIFE INSURANCE; WE CAN ACCEPT AN ASSIGNMENT
4. MONTHLY PAYMENT OPTION WITH FIRST NATIONAL BANK, OXFORD, FOR QUALIFYING CUSTOMERS, OR YOU MAY WISH TO MAKE FINANCIAL ARRANGEMENTS WITH YOUR BANK OR LOAN OFFICE

THIS PROVIDES OUR FAMILIES WITH PAYMENT OPTIONS AND PLANS FOR THEIR INDIVIDUAL NEEDS.

PLEASE CHECK INSURANCE POLICIES BEFORE MAKING ARRANGEMENTS, AND PLEASE BRING INSURANCE POLICIES WITH YOU TO THE ARRANGEMENTS CONFERENCE. IF YOU NEED ASSISTANCE IN FILING YOUR INSURANCE CLAIMS, WE WILL BE AVAILABLE TO ASSIST YOU.

THE MANAGEMENT OF WALLER FUNERAL HOME

DON WALLER -- OWNER

BOB AND BETH ROSSON -- MANAGERS

“AN OXFORD TRADITION”

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