

CUSTOMER INFORMATION FORM

Last Name _____ Mr. Mrs. Ms. Age _____

First Name _____ Sex _____ Birth Date _____

Address _____ Marital Status _____

_____ Married Date _____

_____ Maiden Name _____

City _____ Date of Death _____

State _____ Place of Death _____

Zip Code _____ Religion _____

Country _____

Phone Number _____ Veteran Status _____ War _____

Fax Number _____ Branch of Service _____

Email _____ Rank _____ Date Entered _____

Date Discharged _____ Military/War Remarks

Contact Information:

Name _____

Email _____

[Tel or Mobile:](#) _____

Fax: _____

Address _____

Child (ren) Names & Email Address or Physical Address

Name _____

Name _____

Name _____

Name _____

Please return this form to:

City of Berlin

108 N. Capron St.

Berlin, WI 54923