

Vital Statistics for Pre-Arrangement Record

First Name Middle Last

Soc. Sec. # Date of Birth Place of Birth (City and State)

Address

Daytime Phone # Evening Phone # E-mail Address

Marital Status (Married, Widowed, Single) _____

Spouse's Name Marriage Date Place

Lifetime Occupation Industry Current or Last Employer

Retired? _____

Veteran? _____ Branch of Service _____
Y or N Y or N

Rate or Rank _____ Service Number _____

Enlistment Date _____ Discharge Date _____

Education Level Completed _____
1-12 or College 1-4 or 5+

Name of High School and Location

Name of College and Location Degree's Earned

Father Full Name

Mother's Full Name Maiden Name

Physicians Name

Phone Number

Address

Lodges, Clubs, and Public Offices Held

Religious Affiliation _____

Name of Church

Location

Minister or Other Clergy's Name

Do you own a cemetery plot and if so where? _____

Do you have monument for your cemetery plot? _____

Family Record Information

Next of Kin to be Notified at time of Death (Those who will be in charge of finalizing of arrangements. Please list name, address, and phone numbers.)

Children _____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

Siblings
