



RICE FUNERAL HOME PRE-ARRANGEMENTS FORM

Please use this form to provide us with as much or as little detail as you wish. At a minimum, provide us with your name and telephone number and tell us how you'd like us to work with you on the remaining information using the options at the base of the form. Please provide middle initials if known. You can send us the completed form via email (info@ricefuneralhome.com), fax (508-519-0485), mail (300 Park Ave, Worcester MA 01609), or call us at 508-754-1673 to arrange a meeting.

PERSONAL INFORMATION – Highlighted fields are required for the death certificate

Full Name: _____

Street: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Telephone: _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____ Sex: _____

Race: _____ Ethnicity: _____

Fathers Name: _____ Father's Place of Birth: _____

Mother's Name: _____ Mother's Place of Birth: _____

Mother's Maiden Name: _____

Marital Status (Married, Never Married, Widowed or Divorced): _____

Last Spouse's Name: _____ Spouses Maiden Name: _____

Place of Marriage: _____ Date of Marriage: _____

Additional Family Members: _____

Education Level: Grade School ___ High School ___ Associate ___ Bachelor ___ Master's ___ Doctorate ___

School(s) attended: _____

Occupation (when working): _____ Company Name: _____

Type of Company or Organization: _____

Other positions Held/ Number of Years: _____

MILITARY RECORD

Did You Serve in the U.S. Military? Yes No Do you have a copy of your discharge papers? _____

Branch of Service: _____ Serial Number: _____

Date Entered Service: _____ Rank at Discharge: _____

Date Discharged: _____ Discharged on file at: _____

FUNERAL SERVICE REQUEST

Place of Service: _____

Telephone: _____ Place of Visitation: _____

Religious Denomination: _____ Place of Worship: _____

Lodge/Union/Assoc. Memberships: _____

Hobbies / Interests: _____

Person in charge of final arrangements: _____ Relationship _____

Address: _____

DISPOSITION REQUEST

Prefer: Earth Burial _____ Mausoleum _____ Cremation _____ Other _____

Cemetery: _____

Lot #: _____ Section: _____ Grave #: _____ Lot Owner: _____

Address: _____ Telephone: _____

I have made a last will and testament: Yes _____ No _____ Location of Will: _____

SUMMARY DETAILS

Additional instructions for us: _____

Memorial requests or donations to charity: _____

Send me information about pre-arrangements: _____ Contact me to set up an appointment: _____

For additional information please visit www.ricefuneralhome.com