

# Eric S. George Funeral Home

## Arrangement Record - FL

1. DECEDENT'S NAME (First, Middle, Last, Suffix)			Case #		Burial Permit #		2. SEX		
3. DATE OF BIRTH (Month, Day, Year)		4a. AGE - Last Birthday (Years)	4b. UNDER 1 YEAR Months      Days		4c. UNDER 1 DAY Hours      Minutes		5. DATE OF DEATH (Month, Day, Year)		
6. SOCIAL SECURITY NUMBER		7. BIRTHPLACE (City and State or Foreign Country)			8. COUNTY OF DEATH				
9. PLACE OF DEATH (Check only one)		HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
10. FACILITY NAME (If not institution, give street address)				11a. CITY, TOWN, OR LOCATION OF DEATH			11b. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. MARITAL STATUS (Specify)  <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married				13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)					
14a. RESIDENCE - STATE		14b. COUNTY		14c. CITY, TOWN, OR LOCATION					
14d. STREET ADDRESS				14e. APT. NO.	14f. ZIP CODE		14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone									
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) <i>Do not use "Retired"</i>				15b. KIND OF BUSINESS/INDUSTRY					
Employed By			Yrs		Location				
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)									
<input type="checkbox"/> White			<input type="checkbox"/> Black or African American		<input type="checkbox"/> American Indian or Alaskan Native (Specify tribe)				
<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Asian (Specify)		
<input type="checkbox"/> Native Hawaiian		<input type="checkbox"/> Guamanian or Chamorro		<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Pacific Isl. (Specify)		<input type="checkbox"/> Other (Specify)		
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input type="checkbox"/> No									
			<input type="checkbox"/> Mexican		<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Central/South American		
			<input type="checkbox"/> Other Hispanic (Specify)						<input type="checkbox"/> Haitian
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)								19. WAS DECEDENT EVER IN U.S. ARMED FORCES?	
<input type="checkbox"/> 8th or less		<input type="checkbox"/> High school but no diploma		<input type="checkbox"/> High school diploma or GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> College but no degree		College degree (Specify):		<input type="checkbox"/> Associate	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctorate		
20. FATHER'S NAME (First, Middle, Last, Suffix)				21. MOTHER'S NAME (First, Middle, Maiden Surname)					
22a. INFORMANT'S NAME				22b. RELATIONSHIP TO DECEDENT		23a. INFORMANT'S MAILING - STATE			
23b. CITY OR TOWN			23c. STREET ADDRESS				23d. ZIP CODE		
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)				25a. LOCATION - STATE		25b. LOCATION - CITY OR TOWN			
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)									
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No			Certifier						

### Services

Place	Date	Time
Minister	Minister's Church	
Special Music	Organist	
Other Service Type	Other Service Date	Other Service Time
Other Service Place		
Family Car Address	Time Wanted	Phone

### Viewings

Viewing	Family Viewing
Place, Date, Time, etc.	Place, Date, Time, etc.
Memorials To:	