



100 WEST GUILFORD STREET
 THOMASVILLE, NORTH CAROLINA 27360
 Office 336.475.0123 ~ Fax 336.475.0126

1. Name: _____ Maiden Name: _____
 2. Address (Include City, State, and Zip): _____
 3. Is the residence within the city limits? _____ County: _____
 4. Date of Birth: _____ Age: _____ Social Security: _____
 5. Is he/she of Hispanic Origin: _____ If yes, please specify: _____ Race: _____
 6. Birthplace (County/State): _____
 7. Occupation: DO NOT USE RETIRED _____ Industry: _____ U.S. Armed Forces: _____
 8. Highest Level of Education:

8th Grade or Less
 9th-12th grade; no diploma
 High School Graduate or GED
 Some College
 Associate Degree
 Bachelor's Degree
 Master's Degree
 Doctorate
 9. Marital Status: Never Married Married Married but Separated Divorced Widowed Unknown
 10. Spouse's Name (Maiden Name): _____
 First Middle Maiden
 11. Father's Name: _____
 First Middle Last
 12. Mother's Maiden Name: _____
 First Middle Maiden Surname
 13. Date of death: _____ Place of death: _____ City/County of death _____
 14. Name of Person Giving Information: _____ Relationship to Decedent: _____
- Phone: _____ Address (Include City, State, and Zip) _____

PLEASE SELECT A CREMATION PACKAGE

PACKAGES

All packages include an urn listed below, Cremation of remains, Filing all necessary paperwork for cremation, Transfer of Remains within a 50 mile radius to the facility.
 Alternative container not included

Basic Package



Cherry Photo



Red or Green Flora



Royal Florentine



Going Home



Vanguard or Majestic Engraved



Black Radiance & Mother of Pearl



Please indicate your urn selection from the pricelist or the choices above and/or any additional information:

Veteran Flag (DD214) _____ Honor Services _____ Obituary Information _____ Photo _____