

Arcelays Funeral Services LLC

PRE-NEED STATISTICAL FORM

Contract # _____

To: Arcelays Funeral Services LLC

I, the undersigned, hereby request membership with Arcelays Funeral Services LLC to cause the body of the below named individual to be picked up after death has been medically established and to cause the body to be _____.

STATISTICAL INFORMATION REQUIRED FOR THE DEATH CERTIFICATE

Name _____
First Middle Last

Social Security Number _____ Sex _____

Date of Birth _____ Birthplace _____

Primary Occupation (before retirement) _____ Kind of Industry _____

Education (highest completed)(K-12) _____ College(1-4 or 5+)Type of Degree _____

Married, Married but Separated, Never Married, Widowed, Divorced _____

Name of Spouse _____ (spouse deceased Y / N)
First Middle Maiden

Usual Address _____

Is Address inside city limits (Y / N)

Race _____ Of Haitian Origin (Y / N) Of Hispanic Origin (Y / N)

Father's Name _____ Mother's Name _____

Does Beneficiary currently have a pace maker? (Yes / No) Veteran (Yes / No)

If Veteran: Date of Enlistment: _____ Serial Number _____

Date of Discharge _____ Rate of Rank _____

Branch of Service _____

Immediate Next of Kin _____

Relationship _____ Telephone: _____

Address: _____

Charges: I understand that the charges for Arcelays Funeral Services LLC are due and payable prior to completion of services.

Date: _____ Signature: _____