



## PRE-NEED ARRANGEMENT / REGISTRATION FORM

FULL NAME: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

PHONE #: \_\_\_\_\_ LAST EMPLOYMENT: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ LAST EMPLOYMENT PHONE #: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION (LAST GRADE COMPLETED): \_\_\_\_\_

VETERAN: YES [ ] NO [ ] WAR DATES: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

ARE YOU: SINGLE [ ] MARRIED [ ] DIVORCED [ ] WIDOWED [ ]

SPOUSE'S NAME: \_\_\_\_\_ LIFE INSURANCE: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU PREFER: BURIAL [ ] ENTOMBMENT [ ] CREMATION [ ] CEMETERY NAME: \_\_\_\_\_

SERVICE TO BE HELD AT: FUNERAL HOME [ ] CHURCH [ ]

MINISTER: \_\_\_\_\_ SOLOIST: \_\_\_\_\_

ORGANIST: \_\_\_\_\_ OBITUARY: YES [ ] NO [ ]

NEWSPAPERS OBITUARY TO BE POSTED IN: \_\_\_\_\_

PICTURE TO BE IN OBITUARY: YES [ ] NO [ ]

*ADDITIONAL NOTES: Please remember to bring the following items for your loved one when you come in to make funeral arrangements: **Males:** Briefs, T-shirt, Socks, Dress Shirt, Suit and Tie or Appropriate Clothing. **Females:** Panties, Bra Panty Hose Slip (full or half), Dress of Suit. Shoes and Jewelry are optional.*



## AUTHORIZATION FORM

Please take a minute to print out the Authorization form below and either Fax to 973-746-1337 or mail to:

Martin's Home for Service, Inc.  
48 Elm Street  
Montclair, NJ 07042

Additionally you can bring it with you when you come in for your consultation. If you have any questions please don't hesitate to call us at 973-746-2158 or email to [martins@martinshfs.com](mailto:martins@martinshfs.com).

**AUTHORIZATION:** I hereby designate Martin's Home for Service Inc. to take charge of funeral arrangements for:

FULL NAME: \_\_\_\_\_

I authorize the release and removal of the remains to said funeral establishment for the purpose of embalming. Additionally, I represent that I am the next of kin, or am acting as an authorized agent for the next of kin:

SIGNED: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATE: \_\_\_\_\_ CO-SIGNED: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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OFFICIAL USE BY FUNERAL HOME ONLY FOR VERBAL (TELEPHONE) AUTHORIZATION  
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AUTHORIZATION FORM: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_