

# At Need Form

## Statistical Information for the Deceased $\sim$

Name (First, MI, Last):

Gender:	Female	Male	Race:			
Date of Birth	1:		Place o	Place of birth:		
Date of Death:			City of	City of Death:		
State of Death:			County	County of Death:		
Location of Death: (Home, hospital, nursing home, etc.)			Locatio	Location Name:		
Social Security Number:						
Education (0 –12):			College	College (1 – 5+):		
Usual Occup (most of life)	oation:					
Kind of Business:			Compa	Company:		
Marital Statu	ıs: Nev	ver Married	Married	Divorced	Widow/widower	
Surviving Sp	oouse:	Maiden Name (if wife):				
Residence A	ddress:					
City/Town:		State:		Zip:		
Inside City L	.imits?:	County	:			
Length of Residence in County:						

Father's Full Name: Mother's Full Name: Soft States of States of Type of Disposition Disposition will be: Earth Burial Mausoleum Entombment Cremation Ship out of area Not Sure If Cremation, disposition of ashes?: Cemetery Burial or Niche Wall Take Home Scatter Other Not Sure City, State: Name of Cemetery: (if applicable) S Veteran Information & Branch of Service: Serial Number: **Date Enlisted:** Rank at Discharge: Date discharged: Discharge on file at: Is a copy of discharge papers available?: Honorable discharge?:  $\sim$  Important Information  $\sim$ Name of person in charge: **Relationship to Deceased:** Full Address: Phone: E-mail:

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### **Preferred Place of Service:**

### **Religious Denomination:**

(optional)

### Is there Pre-Need Funeral Insurance on decedent?:

### If yes, please specify type:

(ex., Forethought, Purple Cross, trust, etc.)

## Special Instructions &

Note: Use box below to indicate any additional information that may be helpful at this time. Other details regarding services, merchandise, flowers, financing, etc., will be discussed and finalized at the arrangement conference.

Please call for an appointment. Thank you for completing our arrangement form.