

**At Need Form**

This is the printer-friendly alternative of our on-line form. Please complete the form by entering the requested information in the fields below - click inside each field to enter text or select using the input elements provided. Print the form out and you may then send it to us via postal mail to the address provided in the footer of this document, or, alternatively, simply bring the printed copy with you when you visit.

**↪ Statistical Information for the Deceased ↩**

**Name (First, MI, Last):**

**Gender:**      **Female**      **Male**

**Race:**

**Date of Birth:**

**Place of birth:**

**Date of Death:**

**City of Death:**

**State of Death:**

**County of Death:**

**Location of Death:**  
(Home, hospital, nursing home, etc.)

**Location Name:**

**Social Security Number:**

**Education (0 –12):**

**College (1 – 5+):**

**Usual Occupation:**  
(most of life)

**Kind of Business:**

**Company:**

**Marital Status:**      **Never Married**      **Married**      **Divorced**      **Widow/widower**

**Surviving Spouse:**

**Maiden Name (if wife):**

**Residence Address:**

**City/Town:**                      **State:**                      **Zip:**

**Inside City Limits?:**              **County:**

**Length of Residence in County:**

**Father's Full Name:**

**Mother's Full Name:**

**☞ 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    Scatter    Take Home**

**Other    Not Sure**

**Name of Cemetery:  
(if applicable )**

**City, State:**

**☞ 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?:**

**☞ Important Information ☞**

**Name of person in charge:**

**Relationship to Deceased:**

**Full Address:**

**Phone:**

**E-mail:**

## ☞ Funeral/Memorial Service Information ☞

**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.