



Arrangement Information Sheet

Personal Information

Name: _____ Social Security Number: _____

Address: _____ City Limits ? _____

County: _____ Marital Status: _____

Spouse: _____ (Maiden Name) _____

Date of Birth: _____ Age: _____ City/County of Birth: _____

Date of Death: _____ Place of Death: _____

Informant: _____ Address: _____

Education: _____ Occupation: _____ Type of Business/Industry _____

Military Service:(Y/N) _____ Branch: _____ Is the DD214 Available _____

Father's Name: _____

Mother's Name: _____ (Maiden Name) _____

Survivor Information of the Deceased

Parents _____ of _____

Spouse _____ of _____

Children (Spouse)

1 _____ of _____

2 _____ of _____

3 _____ of _____

4 _____ of _____

Grandchildren _____

Great Grandchildren _____

Brothers and Sisters _____

PREDECEASED BY:(FOLLOW SAME TEMPLATE FROM SURVIVED BY)

_____ of _____
_____ of _____
_____ of _____
_____ of _____

Church Membership: _____ **Lodges/Organizations:** _____

Final Disposition: Traditional Burial, Cremation with Memorial Service, or Direct Cremation (**Circle One**)

***CONTACT MOUNTAIN VIEW BEFORE SCHEDULING ANY SERVICES**

Clothing: _____ **Hair:** _____

Visitation: _____ **Day:** _____ **Time:** _____

Service: _____ **Day:** _____ **Time:** _____

Burial: _____ **Cemetery Contact:** _____

Minister(s): (1) _____ (2) _____

(3) _____ (4) _____

Song(s): (1) _____ (2) _____

(3) _____ (4) _____

****Number of Death Certificates:** _____

Flowers/Memorials: _____

Family Headquarters: _____

Special Notes: _____