



Arrangement / Next of Kin Survey Form

DECEDENT INFORMATION ONLY:

Deceased Name: _____
First Middle Last Suffix
Deceased Address: _____
Street City State Zip Code
Date of Death: _____ Place of Death (name/address): _____
Date of Birth: _____ Place of Birth (city/state): _____ Social Security #: _____
Marital Status: **Never Married** **Married**(surviving spouse): _____ **Divorced** **Widow** **Separated**
Sex: **Male** **Female** Race: _____ Religion: _____
Education (highest level completed): **High School/GED** **High School/No Diploma** **8th grade or less**
College: **Associates** **Bachelors** **Masters** **Doctorate** **Some College credit/no degree**
Occupation (DO NOT USE RETIRED): _____ Employer: _____
Veteran (if yes what Branch): _____ Cemetery of Preference: _____
Father's Name: _____ Mother's Name (Maiden Name): _____
CONDITION OF DECEASED: _____
APX. WEIGHT / HEIGHT: _____ SPECIAL REQUESTS: _____

NEXT OF KIN INFORMATION ONLY:

Your Name: _____ Relationship to Deceased: _____
Your Home Address: _____
City: _____ State: _____ Zip Code: _____ Your Birth date: _____
Your Social Security Number: _____ Driver's License#: _____
Home Phone: _____ Cell Phone: _____ Email Address: _____

ANSWER THIS SECTION ONLY IF YOU WERE MARRIED TO DECEASED:

Date of Marriage: _____ State of Marriage: _____ Your Maiden Name: _____

ANSWER THIS SECTION ONLY IF WE WILL BE FILING INSURANCE AS PAYMENT:

Policy must be at least 2 years enforced and beneficiary must be present and willing to assign policy

Insurance Company Name: _____
Policy Date: _____ Policy Number(s): _____
Beneficiary(s): _____
HR Info (Name): _____ Phone Number: _____ Email: _____

Payment Type for Services: **Cash** **Check** **Cashier's Check** **Credit Card** **Insurance**