

## Arrangement Form This information is required for the completion of the Monroe County death certificate and other legal forms.

Legal Information Maiden Name \_\_\_\_\_ Sex ☐ Male ☐ Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Residence (of decedent) Name of Facility \_\_\_\_\_\_\_ (If not facility, give address) Address \_\_\_\_ City/State/ZIP \_\_\_\_\_ Marital Status Married ■ Widowed ☐ Separated ■ Never Married □ Divorced Surviving Spouse (if wife, maiden name)\_\_\_\_\_ Race (check the box that best describes your race) ☐ Other (specify) ☐ White/Caucasian ☐ Asian ☐ Black or African American Education (check the box that best describes the highest degree or level of school completed) ☐ 8th grade ☐ Associate's degree ☐ 9th-12th grade, no diploma ☐ Bachelor's degree ☐ High school graduate or GED4 ☐ Master's degree ☐ Some college credit, but no degree ☐ Doctorate or Professional degree Veteran Information Did you ever serve in the armed forces? ☐ Yes ☐ No What Branch of Service? □ Army (Air Corp) □ Navy □ Air Force □ Marine Corps □ Coast Guard □ Other (specify)\_ Years Served (or specify wartime) \_\_\_\_\_\_ Service # \_\_\_\_\_ Occupation Most Recent Occupation Place of Employment (last or longest) Type of Business or Industry\_\_\_\_\_ **Parents** Maiden Name of Mother Name of Father \_\_\_\_\_ *Informant or Next of Kin (surviving spouse or person in charge of arrangements)* \_\_\_\_\_ Relationship to Deceased\_\_\_\_\_ Name Address \_\_\_\_\_ City/State/ZIP\_\_\_\_\_ Home Phone Work Phone E-mail Address\_ Cell Phone