*A*rrangement *F*orm

How did you hear about Detroit Cremation Society: _____

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name: _____ Suffix: _____ Nickname: _____

Legal Address: Street: _____

City: _____ State: _____ Zip: _____ County: _____

Did the deceased live in the city limits?: Y / N If no, list Township: _____

Date of Birth: _____ City of Birth: _____ State of Birth: _____

SSN: _____ Race: _____ Ancestry: _____ Hispanic: Y / N

Highest Education Level Completed: _____ Year Graduated: _____

Occupation: _____ Business or Industry: _____

Veteran: Y/N   Branch of Service: _____ Era: _____ Copy of DD214: Y / N

Marital Status: ☐ Married   ☐ Widowed   ☐ Divorced   ☐ Never Married

If Married or Widowed, Name of Spouse:

First Name: _____ Last: _____ Maiden: _____

First Name of Mother: _____ Last Name **(Maiden)**: _____

First Name of Father: _____ Last Name: _____

Next of Kin First Name: _____ NOK Last Name: _____

NOK Relation: _____ Phone: _____ Email: _____

NOK Street Address: _____ City/State/Zip: _____

Disclaimer: I have read and can verify that information provided above is correct and understand that the above information will be used to file the permanent certified copies of the death certificate with the State of Michigan. Should the certified death certificate have to be corrected due to incorrect information above, I understand that these corrections will be done at our expense.

Next of Kin Signature: _____ Date: _____