

Edgley Cremation Services, Inc.

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Arrangement Form

First Name: _____ Middle Name: _____

Last Name: _____ Social Security Number: _____ - _____ - _____

Date of Birth: _____ Birthplace (City, State or Country): _____

Date of Death: _____ Age: _____ Sex (Check One): Male: Female:

Primary Occupation (before retirement): _____ Kind of Industry or Business: _____

Usual Residence Street Address: _____

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

Race (White, Black, American Indian, etc.): _____ Of Hispanic or Haitian Origin: Yes: No:

If yes, specify (Haitian, Cuban, Puerto Rican, Mexican, etc.): _____

Father's Name (First, Middle, Last): _____

Mother's Name (First, Middle, **MAIDEN ONLY**): _____

Marital Status (Check One): Married: Never Married: Widowed: Divorced: Married but separated:

Name of Spouse (First, Middle, Last or **MAIDEN**): _____

Highest Grade Completed in School (Check One): 8th Grade or less: High School, no degree:

High School diploma or GED: College, no degree: Associate: Bachelor's: Master's: Doctorate:

Was Decedent ever in Armed Forces? Yes: No: Branch of Service: _____

Informant's Name (First, Middle, Last): _____ Relationship: _____

Informant's Street Address: _____

City: _____ State: _____ Zip code: _____

Informant's Phone Number (Cell): _____ (Home): _____ (Work): _____

Informant's Email Address: _____

Please email or fax the completed forms to: **Email:** edgleycremation@gmail.com or **Fax:** (561) 640-4411