

# 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**): \_\_\_\_\_

<p><u>Marital Status (Check One):</u></p> <p><input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married but Separated</p> <p>Name of <b>Living</b> Spouse (First, Middle, Last or <b>MAIDEN</b>): _____</p>	<p><u>Highest Grade Completed in School (Check One):</u></p> <p><input type="checkbox"/> 8<sup>th</sup> Grade or Less <input type="checkbox"/> High School, No Degree <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> College, No Degree <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate</p>
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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