

Edgley Cremation Services

4128 Westroads Drive, Suite 203
West Palm Beach, FL 33407

Arrangement Form

First Name: _____ Middle Name: _____

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

Date of Birth: _____ Age: _____ Birth-place (City, State or Country): _____, _____

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

Usual Residence Street Address: _____

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

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

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

Father's Name (first, middle, last): _____

Mother's Name (first, middle, last- maiden): _____

Marital Status (place checkmark): Married Never-Married Widowed Divorced Married but separated

Name of Spouse (first, middle, last- maiden) _____ Spouse deceased? Yes No

Highest Grade Completed in School (place checkmark): 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: _____

If Veteran:

Date of Establishment: _____ Place of Enlistment: _____

Date of Discharge: _____ Place of Discharge: _____

Serial Number: _____ Rate or Rank: _____

Informant's Name (first, middle, last): _____ Relationship: _____

Informant's Street Address: _____

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

Informant's Phone Number: (cell): _____ (home): _____ (work): _____

Informant's Email Address: _____