



CREMATION & FUNERAL CARE

Exclusive Providers  Veterans Funeral Care™

Please indicate which office:

GRAND RAPIDS  
3627 Linden Avenue S.E.  
Grand Rapids, Michigan 49548  
(616) 452-3006

GREENVILLE  
511 S. Franklin Street  
Greenville, Michigan 48838  
(616) 754-5638

## REGISTRATION FORM / DEATH CERTIFICATE INFORMATION

Full Legal Name of Deceased \_\_\_\_\_  
FIRST NAME MIDDLE NAME (DO NOT USE INITIAL) LAST NAME

Name at Birth (if different from above) \_\_\_\_\_

Date of Death \_\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female

Date of Birth \_\_\_\_\_ Place of Death \_\_\_\_\_  
NAME OF FACILITY OR STREET ADDRESS IF AT HOME

Deceased's Father's Name \_\_\_\_\_  
FIRST NAME MIDDLE NAME (DO NOT USE INITIAL) LAST NAME

Deceased's Mother's Name \_\_\_\_\_  
FIRST NAME MIDDLE NAME (DO NOT USE INITIAL) MAIDEN LAST NAME

Last Legal Address of Deceased \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ If not in city limits, name of township \_\_\_\_\_

Birthplace (city and state) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Education (highest grade or degree) \_\_\_\_\_ Race \_\_\_\_\_

Ancestry (ie: English – Irish – Dutch – American) \_\_\_\_\_

Current Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Other \_\_\_\_\_

Veteran:  No  Yes \_\_\_\_\_ (attach copy of discharge) Occupation \_\_\_\_\_

Employer \_\_\_\_\_ DO NOT USE RETIRED OR DISABLED Years Worked \_\_\_\_\_  
NAME OF COMPANY OR BUSINESS

Type of Work or Employer's Product or Service (please describe) \_\_\_\_\_

Marital Status (please check one)  Married  Widowed  Divorced  Never Married

Spouse's Name at Birth \_\_\_\_\_  
FIRST NAME MIDDLE NAME (DO NOT USE INITIAL) MAIDEN LAST NAME

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_  
CITY STATE

Person in Charge of Arrangements\* \_\_\_\_\_  
FULL LEGAL NAME

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

\*This is the person who under Michigan law would have the full legal right to authorize your final arrangements and would also assume any financial responsibilities.

Death Certificates: Please indicate number of Certified Copies of Death Certificate Requested \_\_\_\_\_

**INSTRUCTIONS: Please indicate the deceased's and/or family's wishes or preferences (check any and all that apply):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Cremation           | <input type="checkbox"/> Public Viewing      | <input type="checkbox"/> Ceremony at church or funeral home      |
| <input type="checkbox"/> Burial              | <input type="checkbox"/> Private Viewing     | <input type="checkbox"/> Ceremony at Cemetery / Graveside        |
| <input type="checkbox"/> Entombment          | <input type="checkbox"/> Family Viewing Only | <input type="checkbox"/> No Services or Ceremony                 |
| <input type="checkbox"/> Anatomical Donation | <input type="checkbox"/> No Viewing          | <input type="checkbox"/> Ceremony at other place (specify below) |

Place of service \_\_\_\_\_

Cemetery \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Lot No. \_\_\_\_\_ Section \_\_\_\_\_ Plot \_\_\_\_\_ Space \_\_\_\_\_

Cemetery marker or monument in place?  No  Yes Lot Owner's Name \_\_\_\_\_

Other cemetery notes: \_\_\_\_\_

For burial or entombment, specify Casket selection (*wood, metal, color*) \_\_\_\_\_

For burial specify Outer Burial Container selection \_\_\_\_\_

For cremation, specify Cremation Casket or Alternative Container selection \_\_\_\_\_

For cremation, specify Urn selection\* (*name and model number*): \_\_\_\_\_

If desired, also specify keepsake (portion) urns and quantity: \_\_\_\_\_

**\*If an urn is not selected, cremated remains will be returned in a temporary cardboard receptacle.**

Preference for Clergy / Minister: \_\_\_\_\_

Religion / Faith: \_\_\_\_\_

Favorite passages from Scripture, Psalms, poems, or other meaningful readings: \_\_\_\_\_

Special music, songs, or hymns: \_\_\_\_\_

Pallbearers: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

(4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

Other special instructions: \_\_\_\_\_

**Alternate person in charge of arrangements (should the previously indicated person be unavailable).**

Alternate Person in Charge of Arrangements \_\_\_\_\_

FULL LEGAL NAME

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_