



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

PRE-PLANNING FORM / VITAL STATISTICS

I, the undersigned, hereby request registration with Michigan Cremation & Funeral Care and instruct them, upon my death, to cause my body to be cared for in the manner I have described below.

Full Legal Name _____
FIRST NAME MIDDLE NAME (DO NOT USE INITIAL) LAST NAME

Name at Birth (if different from above) _____

Date of Birth _____ Gender: Male Female Telephone _____

Father's Name _____
FIRST NAME MIDDLE NAME (DO NOT USE INITIAL) LAST NAME

Mother's Name _____
FIRST NAME MIDDLE NAME (DO NOT USE INITIAL) MAIDEN LAST NAME

Registrant's Street Address _____

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 _____
DO NOT USE RETIRED OR DISABLED

Employer _____ 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* _____
DO NOT NAME SELF -- MUST INDICATE RESPONSIBLE PERSON OR CLOSEST RELATIVE

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: This information is to be placed on file with Michigan Cremation & Funeral Care. In doing so, I hope to make the task of arranging for my final disposition easier on those to whom the responsibility will fall and have designated my wishes and/or preferences below (*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 (<i>specify below</i>) |

Place of service _____

Preference for Clergy/Minister _____

Religion/Faith _____

Cemetery _____ City _____ State _____

Lot No. _____ Section _____ Plot _____ Space _____

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

Favorite music, scripture, or readings: _____

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.**

Other special instructions: _____

Alternate person in charge of arrangements (should the previously indicated person pre-decease me or be unavailable).

Name _____

Street Address _____

City _____ State _____ ZIP _____

Phone Number _____ Relationship _____

E-Mail Address _____ Fax Number _____

If you wish for us to maintain a copy of your wishes on file for future need, however, do not wish to pre-pay the entire expense at this time, you may become a registered member of the above referenced establishment by submitting this form and a non-refundable recording fee of \$ 20.00 (\$30 for couples when registering at the same time). This fee is not a deposit and does not guarantee future costs.

Signed _____ Date _____

Printed Name _____

Witness _____ Witness _____

Printed Name _____ Printed Name _____

Office Use Only: Received _____ Replied _____ Consultation _____