

LOWNDES FUNERAL HOME
AND CREMATORY
1131 N. LEHMBERG ROAD
COLUMBUS, MS 39702
(662) 328-1808

ARRANGEMENT WORKSHEET

NO: _____

DATE OF COMPLETION: _____

NAME: _____ AGE: _____
FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER: _____ - _____ - _____

VITAL STATISTICS

DECEDENT'S ADDRESS:

City: State/Zip: County:

SEX: ☐ M ☐ F RACE/ETHNICITY:

Birthplace: Date of Birth:

Father's Name:

Mother's Name: Maiden Name:

MARITAL STATUS: ☐ Single/Never Married ☐ Married ☐ Divorced ☐ Widowed

Surviving Spouse: Date & Place of Marriage:

HIGHEST EDUCATION: School(s) Attended:

EMPLOYMENT STATUS: ☐ Retired (Year) ☐ Presently Employed ☐ Not Employed

Usual Occupation/ Job Title: Kind of Industry:

Employer: # of years:

VETERAN: ☐ Yes ☐ No Branch of Service: (If Yes, a military discharge (DD214) will be needed)

INFORMANTS NAME: Relationship:

Informant's Address:

Informant's Phone:

BIOGRAPHICAL INFORMATION

Church Affiliation:

City:

Clubs, Organizations, Hobbies:

SURVIVORS

Spouse:

Parents:

/Children:

/Sisters /Brothers:

/ Grandchildren

/ Great Grandchildren

/Great-Great Grandchildren

VISITATION		
Day/Date:	Family Viewing Hour:	Public Viewing Hours:
Day/Date:	Family Viewing Hour:	Public Viewing Hours:
CASKET OPENED: <input type="checkbox"/> For Family & Friends <input type="checkbox"/> Family Only <input type="checkbox"/> No Viewing for Anyone		

SERVICES	
<input type="checkbox"/> Traditional Funeral	<input type="checkbox"/> Memorial Service <input type="checkbox"/> Graveside Service
Day/Date:	Hour:
Place:	
Clergy:	
Songs/Music During Service:	
Pallbearers:	
Honorary Pallbearers:	

FINAL DISPOSITION		
<input type="checkbox"/> INTERMENT	<input type="checkbox"/> CREMATION	
Day/Date:	Hour:	
Cemetery/Crematory:		
City:	State:	County:
Grave Number:	Lot Owner:	

ADDITIONAL INFORMATION

Newspaper(s) for Obituary:

Memorials may be made to:

Number of Death Certificates Requested:

NOTES

[illegible]