

Wright & Young Funeral Home, Inc.

Arrangement Record - FL

1. DECEDENT'S NAME (First, Middle, Last, Suffix)			Case #		Burial Permit #		2. SEX	
3. DATE OF BIRTH (Month, Day, Year)		4a. AGE - Last Birthday (Years)	4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hours Minutes		5. DATE OF DEATH (Month, Day, Year)	
6. SOCIAL SECURITY NUMBER		7. BIRTHPLACE (City and State or Foreign Country)			8. COUNTY OF DEATH			
9. PLACE OF DEATH (Check only one) HOSPITAL: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival NON-HOSPITAL: ☐ Hospice facility ☐ Nursing Home/Long Term Care Facility ☐ Decedent's Home ☐ Other (Specify)								
10. FACILITY NAME (If not institution, give street address)					11a. CITY, TOWN, OR LOCATION OF DEATH		11b. INSIDE CITY LIMITS? ☐ Yes ☐ No	
12. MARITAL STATUS (Specify) ☐ Married ☐ Married, but Separated ☐ Widowed ☐ Divorced ☐ Never Married					13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
Marriage Date					Marriage Place			
14a. RESIDENCE - STATE			14b. COUNTY		14c. CITY, TOWN, OR LOCATION			
14d. STREET ADDRESS					14e. APT. NO.	14f. ZIP CODE	14g. INSIDE CITY LIMITS? ☐ Yes ☐ No	
Phone					Email			
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired"					15b. KIND OF BUSINESS/INDUSTRY			
Employed By					Yrs		Location	
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native (Specify tribe) ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (Specify) ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl. (Specify) ☐ Other (Specify)								
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) ☐ Yes (If Yes, specify) ☐ No ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Central/South American ☐ Other Hispanic (Specify) ☐ Haitian								
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) ☐ 8th or less ☐ High school but no diploma ☐ High school diploma or GED ☐ College but no degree ☐ College degree (Specify): ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate							19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No	
20. FATHER'S NAME (First, Middle, Last, Suffix)					21. MOTHER'S NAME (First, Middle, Maiden Surname)			
22a. INFORMANT'S NAME					22b. RELATIONSHIP TO DECEDENT		23a. INFORMANT'S MAILING - STATE	
23b. CITY OR TOWN			23c. STREET ADDRESS					23d. ZIP CODE
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)					25a. LOCATION - STATE		25b. LOCATION - CITY OR TOWN	
26a. METHOD OF DISPOSITION ☐ Burial ☐ Entombment ☐ Cremation ☐ Donation ☐ Removal from State ☐ Other (Specify)								
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? ☐ Yes ☐ No					Certifier			

Services

Place	Date	Time
Minister	Minister's Church	
Special Music	Organist	
Other Service Type	Other Service Date	Other Service Time
Other Service Place		
Family Car Address	Time Wanted	Phone

Viewings

Viewing	Family Viewing
Place, Date, Time, etc.	Place, Date, Time, etc.
Memorials To:	

