



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):

- ☐ Cremation
- ☐ Public Viewing
- ☐ Ceremony at church or funeral home
- ☐ Burial
- ☐ Private Viewing
- ☐ Ceremony at Cemetery / Graveside
- ☐ Entombment
- ☐ Family Viewing Only
- ☐ No Services or Ceremony
- ☐ Anatomical Donation
- ☐ No Viewing
- ☐ 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 _____