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ARRANGEMENT WORKSHEET

TODAY'S DATE _____

NAME (including Middle Name) _____

SPOUSE (MAIDEN NAME IF APPLICABLE) _____ YEARS MARRIED _____

RESIDENCE _____ PHONE _____

SEX _____ RACE _____ CIRCLE ONE - SINGLE / NEVER MARRIED / MARRIED / WIDOWED / DIVORCED

DATE OF BIRTH _____ PLACE OF BIRTH _____

EDUCATION (CIRCLE LEVEL) --- 8TH OR LESS --- SOME HS --- HS GRAD --- ASSOC --- BACH --- MAST --- DOCT

SOCIAL SECURITY NUMBER _____ - _____ - _____

HOW LONG IN CITY _____ FROM WHERE _____

OCCUPATION _____ RETIRED (Y / N)

NAME OF EMPLOYER _____

KIND OF BUSINESS/INDUSTRY _____

TOTAL YEARS SPENT AT OCCUPATION _____ DATE LAST WORKED _____

MILITARY VETERAN - (Y / N) BRANCH _____

FATHER'S NAME _____ Living (Y / N)

MOTHER'S NAME _____ MAIDEN NAME (_____) Living (Y / N)

NEXT OF KIN (NAME/ADDRESS) _____

PHONE _____ E-MAIL _____ @ _____

DESIRED LOCATION OF FUNERAL _____

CALLING HOURS (Y / N) _____

CREMATION - (Y / N) SERVICES - (BEFORE / AFTER) _____

NAME OF CEMETERY _____ CITY/STATE _____

NEWSPAPERS TO BE NOTIFIED - PHOTO IN PAPERS (Y / N) _____

CHURCH AFFILIATION _____

CLERGY (NAME) _____

SONS (SPOUSES AND CITY/STATE) _____

DAUGHTERS (SPOUSES AND CITY/STATE) _____

BROTHERS (SPOUSES AND CITY/STATE) _____

SISTERS (SPOUSES AND CITY/STATE) _____

NUMBER OF GRANDCHILDREN _____ NAMES _____

NUMBER OF _____ GREAT-GRAND _____ G-GREAT-GRAND _____ G-G-GREAT-GRAND

NUMBER OF _____ NIECES _____ NEPHEWS

PRE-DECEASED FAMILY _____

ADDITIONAL INFO FOR OBITUARY (education/organizations/activities/hobbies)

CONTRIBUTIONS/FLOWERS
