Boulger FUNERAL HOME

Prearrangement Information

Person

Name: _____
FIRST

_____
MIDDLE

_____
LAST

_____
MAIDEN

Sex: ☐ Male ☐ Female

Social Security Number: _____- ____- _____

Current Age: ___

Date of Birth: _____
MONTH DAY YEAR

Birthplace: _____
CITY STATE

Was this person ever in the U.S. Armed Forces?
☐ Yes ☐ NO
If so, what branch? _____

Marital Status: ☐ Married ☐ Never Married
☐ Widowed ☐ Divorced

Spouse's Name: _____
FIRST

_____
MIDDLE

_____
LAST

_____
MAIDEN

Date of Marriage: _____
MONTH DAY YEAR

Place of Marriage: _____
LOCATION

_____
CITY STATE

Usual Occupation: _____

_____
(Give kind of work done during most of working life. Do NOT state "retired.")

Kind of Business or Industry: _____

_____

Phone number:

Home:_____

Cell: _____

Work: _____

Residence: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Is it in City Limits: ☐ Yes ☐ NO

Email: _____

Ancestry: _____
(e.g. Cuban, Mexican, Puerto Rican, English, German, Norwegian, etc.)

Race: _____
(American Indian, Black, White, etc.)

Education:
Elementary/Secondary: _____

_____

College: _____

_____

_____

Graduate Schools/Other: _____

_____

_____

Father's Name:_____
FIRST

_____
MIDDLE

_____
LAST

Mother's Name:_____
FIRST

_____
MIDDLE

_____
LAST

_____
MAIDEN

Method of Disposition:
_____ Burial _____ Cremation _____ Donation

Viewing? _____ Yes _____ No

Place of Disposition:_____

_____

_____
(Name and location of cemetery, or other location)

Service place: _____

_____

_____

Visitation: _____

_____

Prayer Service:_____

Luncheon:

_____ Boulger Funeral Home's Celebration of Life Center

_____ Church _____ Other: _____
(please specify)

Officiant: _____

Person/s Who Will be Arranging Services at Time of Death

Name/s:_____

_____

_____

_____

Relationship:_____

Address: _____

City/State/Zip:_____

Phone: _____

Email:_____

Additional Information:_____

_____

_____

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