



3843 E. Anaheim Street • Long Beach, CA 90804

562-961-9301

www.McKenzieMortuary.com

Making Arrangements

To be able to receive a decedent's death certificate, please fill out this form and submit it to us. If you need to change information to your existing file (name, address, phone, etc.), please fill in the appropriate fields that need updating. In filling out this form, please note that you are creating a historical document.

The fields with red asterisk (*) are required fields.

Today's Date: _____*

For all additional authorizations needed to complete these arrangements, my email address is:*

I am making final arrangements for my*

- Self Father Mother Grandfather Grandmother
- Spouse Other

This person* has passed on has not passed on

Name of person for whom you are making arrangements (first, middle and last):*

Sex: Male Female Phone (with area code): _____

Street Address (Apt., Build., Ste., optional): _____

City: _____ State: _____ Zip Code: _____ County: _____

Number of Years in County: _____ Date of Birth: _____

Veteran: Yes No If "yes," which branch? _____

Dates served (began): _____ Dates served (ended): _____

City of Birth: _____ State of Birth: _____

Social Security Number: - -

Marital Status (highest level of education completed):

- Married Widowed Divorced Never Married

Education (highest level of education completed):

- Unknown No Formal Education Elementary School
- Intermed./Jr. High School Some High School/No Diploma GED
- High School with Diploma Some College Associate's Degree
- Bachelor's Degree Master's Degree Doctorate's Degree
- Professional Degree

Race:

- White Caucasian Black
- African American Mexican Mexican American

- | | | |
|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Other Hispanic | <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Hmong | Other Asian: _____ |

- | | | |
|---|--|--|
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Eskimo |
| <input type="checkbox"/> Aleut | <input type="checkbox"/> Native American | <input type="checkbox"/> American Indian |

Unknown or Other: _____

Employment (do not put "retired" in any fields):

Usual Employer: _____ Type of Business: _____

Occupation: _____ Years in Occupation: _____

Spouse / Parent Information:

Name of Spouse (first, middle and last): _____

Spouse's Maiden Name: _____

Father's Name: (first, middle and last): _____

Father's State of Birth: _____

Mother's Name (first middle and last): _____

Mother's Maiden Name: _____

Mother's State of Birth: _____

Informant: (if self, please state): _____

Phone (with area code): _____

Address: _____ Apt., Ste., Building (optional): _____

City: _____ State / Province / Region: _____ Zip code: _____

Country: _____

Interment Options (please check all the apply):

- | | |
|---|---|
| <input type="checkbox"/> Direct Cremation | <input type="checkbox"/> Witnessed Cremation |
| <input type="checkbox"/> Priority Cremation | <input type="checkbox"/> Cremation w/Memorial Service |
| <input type="checkbox"/> Cremation w/Witnessed Placement at Sea | <input type="checkbox"/> Full Traditional Service Followed by Cremation |
| <input type="checkbox"/> None/Other: _____ | |

Burial Options (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Immediate Burial | <input type="checkbox"/> Graveside WITH visitation |
| <input type="checkbox"/> Graveside WITHOUT visitation | <input type="checkbox"/> Full Traditional Service |
| <input type="checkbox"/> None/Other: _____ | |

Immediate Family and Closest Friends:

Name (1): _____ Relationship: _____

Street Address (Apt., Build., Ste., optional): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Name (2): _____ Relationship: _____

Street Address (Apt., Build., Ste., optional): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Name (3): _____ Relationship: _____

Street Address (Apt., Build., Ste., optional): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Name (4): _____ Relationship: _____

Street Address (Apt., Build., Ste., optional): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Name (5): _____ Relationship: _____

Street Address (Apt., Build., Ste., optional): _____

City: _____ State: _____ Zip Code: _____ Country: _____
