



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 In filling out this form, please note that you are creating a historical document.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:\*

My phone (with area code): \_\_\_\_\_

I am making final arrangements for my \*

- Self       Father       Mother       Grandfather       Grandmother
- Spouse       Sister       Brother       Aunt       Uncle
- Cousin       Son       Daughter       Friend       Other†

Other† (e.g. neighbor, friend, business associate, etc.) \_\_\_\_\_

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

This person \*  has passed on     has not passed on

Sex:  Male     Female

Date of death (if applicable): \_\_\_\_\_  Unknown date of death

Place of death (if known): \_\_\_\_\_  Unknown place of death

Phone (with area code): \_\_\_\_\_

The address of whom these arrangements are being made:

Street Address \* (Apt., Build., Ste., optional): \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip Code: \* \_\_\_\_\_ County: \* \_\_\_\_\_

Number of Years in County: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Social Security Number (if known):  -  -

Marital Status (highest level of education completed):

- Married       Widowed       Divorced       Never Married

Veteran:  Yes     No    If "yes," which branch? \_\_\_\_\_

Dates served (began): \_\_\_\_\_ Dates served (ended): \_\_\_\_\_

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Education (highest level of education completed):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Unknown                   | <input type="checkbox"/> No Formal Education         | <input type="checkbox"/> Elementary School  |
| <input type="checkbox"/> Intermed./Jr. High School | <input type="checkbox"/> Some High School/No Diploma | <input type="checkbox"/> GED                |
| <input type="checkbox"/> High School with Diploma  | <input type="checkbox"/> Some College                | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Bachelor's Degree         | <input type="checkbox"/> Master's Degree             | <input type="checkbox"/> Doctorate's Degree |
| <input type="checkbox"/> Professional Degree       |  |   |

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Race:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White                  | <input type="checkbox"/> Caucasian       | <input type="checkbox"/> Black            |
| <input type="checkbox"/> African American       | <input type="checkbox"/> Mexican         | <input type="checkbox"/> 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: \_\_\_\_\_

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

Usual Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years in Occupation: \_\_\_\_\_

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Spouse/Parent Information:

Name of Spouse (first, middle and last): \_\_\_\_\_

Spouse's Maiden Name: \_\_\_\_\_

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

Father's Birth State: \_\_\_\_\_

Mother's Name (first middle and last): \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mother's Birth State: \_\_\_\_\_

Informant: (if self, please state): \_\_\_\_\_

Phone (with area code): \_\_\_\_\_

Address: \_\_\_\_\_ Apt., Ste., Building (optional): \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

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Interment Options (please check all the apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Direct Cremation                       | <input type="checkbox"/> Direct Cremation with Identification           |
| <input type="checkbox"/> Witnessed 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):

- Non-Witnessed Direct Burial
- Traditional Service
- None/Other: \_\_\_\_\_
- Graveside Service

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Immediate Family and Closest Friends:

Name (1): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address (Apt., Build., Ste., optional): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Name (2): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ :  
Street Address (Apt., Build., Ste., optional): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Name (3): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address (Apt., Build., Ste., optional): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Name (4): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address (Apt., Build., Ste., optional): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_