

Stoller's Mortuary, Inc.
(360) 942-2071
P.O. Box 386
Raymond, WA 98577

PRE-ARRANGEMENT FORM

FULL LEGAL NAME _____

NICK NAME OR NAME FOR THE OBITUARY _____

HOME STREET ADDRESS _____

CITY /STATE /ZIP _____

INSIDE CITY LIMITS Y/N _____ LENGTH OF TIME IN COUNTY _____

LENGTH OF TIME AT PRESENT ADDRESS _____

BIRTHDATE _____ PLACE OF BIRTH _____

RACE _____

MARITAL STATUS _____ MAIDEN NAME OF SPOUSE _____

FATHER'S FULL NAME _____

MOTHER'S FULL NAME (INCLUDE MAIDEN) _____

SOCIAL SECURITY NUMBER _____

OCCUPATION _____

KIND OF INDUSTRY _____

EDUCATION /NUMBER OF YEARS OF SCHOOL COMPLETED _____

DID HE/SHE SMOKE IN THE LAST 15 YRS Y/N _____ WAS HE/SHE A VETERAN Y/N _____

DATE AND PLACE OF MARRIAGE (IF RE-MARRIED, NAME DATE & PLACE) _____

HOMETOWN OR PLACE PERSON WAS RAISED _____

DATE PERSON MOVED TO THIS AREA _____

ALSO LIVED IN: _____

NAME OF HIGH SCHOOL AND OR COLLEGE AND YEAR OF GRADUATION _____

EMPLOYMENT /YEARS ON THE JOB AND YEAR OF RETIREMENT (GIVE DATES,
COMPANIES OR ORGANIZATIONS & LOCATION) _____

CLUBS, ORGANIZATIONS OR CHURCH (LOCATION & OFFICES HELD) _____

MILITARY SERVICE (GIVE ENLISTMENT & DISCHARGE DATES, CITIES & COUNTIES
OF SERVICE & MILITARY HONORS & HIGHEST RANK): _____

HOBBIES, AVOCATIONS AND OTHER INFORMATION: (BIOGRAPHICAL ITEMS OF
INTEREST): _____

MEMORIALS MAY BE MADE TO: _____

HUSBAND'S OR WIFE'S NAME AND WHERE LIVING: _____

IF PARENTS ARE LIVING LOCATE CITY AND STATE _____

NUMBER OF GRANDCHILDREN _____ GREAT GRANDCHILDREN _____

GREAT GREAT GRANDCHILDREN _____

SON'S NAMES AND CITY/STATE WHERE LIVING:

DAUGHTER'S NAMES AND CITY/STATE WHERE LIVING:

BROTHER'S NAMES AND CITY/STATE WHERE LIVING:

SISTER'S NAMES AND CITY/STATE WHERE LIVING:

OTHER: SPECIAL FRIEND, CARE GIVER, ETC. _____

Service Preferences

BURIAL _____ CREMATION _____ UNDECIDED _____

CHURCH _____ FUNERAL HOME _____ GRAVESIDE _____

OTHER _____

MINISTER/SPEAKER _____

CEMETERY _____

**THE FOLLOWING INFORMATION PERTAINS TO THE INFORMANT OR THE
PERSON FILLING OUT THIS FORM**

FULL NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____ WORK PHONE NUMBER _____

RELATIONSHIP TO DECEASED _____