



Burpee, Carpenter & Hutchins  
FUNERAL HOME  
110 Limerock Street  
Rockland, Maine 04841  
207-594-4212

# Pre-Arrangement Form

## Biographical Information

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender:  Male  Female Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace (city/state): \_\_\_\_\_

Nationality: \_\_\_\_\_

Current Residence Since: \_\_\_\_\_ Moved to Residence From: \_\_\_\_\_

Highest Education Level: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

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

Marital Status:  Never married  Married  Divorced  Widowed

Spouse's Full Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ If Deceased, Year of Death: \_\_\_\_\_

Survivor's Names and Cities of Residence (Parents, Children, Siblings, etc.):

_____	_____
_____	_____
_____	_____
_____	_____

Relatives Who Have Preceded You in Death:

_____	_____
_____	_____
_____	_____

Number of Grandchildren: \_\_\_\_\_ Number of Great-Grandchildren: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Type: \_\_\_\_\_ Employer: \_\_\_\_\_

Religion: \_\_\_\_\_ Church: \_\_\_\_\_ Lodge/Union Name: \_\_\_\_\_

Activities/Hobbies: \_\_\_\_\_

\_\_\_\_\_

## Military Record

Veteran:  Yes  No Branch of Service: \_\_\_\_\_ Service Number: \_\_\_\_\_

Date Enlisted: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

*Note: You will need to provide a copy of the Discharge (DD214)*

War Veteran:  Yes  No If so, what war? \_\_\_\_\_

Would You Like Military Honors at the service?  Yes  No

Flag Preference at the Service:  Folded Flag  Draped Flag on Casket

## Service Preferences

Person In Charge of Arrangements: \_\_\_\_\_ I Request:  Burial  Cremation

If Cremation, I would like the ashes to be:  Buried  Scattered  Returned to My Family

If Burial, what Cemetery? \_\_\_\_\_ Cemetery City/State: \_\_\_\_\_

I would prefer:  A Traditional Service  A Graveside Service  A Memorial Service  No Service

Preferred Location of the Traditional or Memorial Service: \_\_\_\_\_

Would you like Public Visitation?  Yes  No

Would you like a reception at our 104 Limerock facility or another public facility?

Yes, at 104 Limerock  Yes, at another facility  No

Name of Clergy/Officiant: \_\_\_\_\_

Music Selections:

\_\_\_\_\_  
\_\_\_\_\_

Instructions for Jewelry:  Return to my family  Leave my jewelry on

Instructions for Glasses:  Donate to Lions Club  Return to my family  Leave my glasses on

Miscellaneous Notes or Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please select any of the options below:*

Please send me information on preplanning.

Please contact me to schedule an appointment.

Please place my information on file.