

**ARMSTRONG, GARCIA
& McKENZIE** FD#380

MORTUARY



931 Venice Boulevard • Los Angeles, CA 90015 • 213-747-9121
www.agmmortuary.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 In filling out this form, please note that you are creating a historical document.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 *

- | | | | | |
|---------------------------------|---------------------------------|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Sister | <input type="checkbox"/> Brother | <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Cousin | <input type="checkbox"/> Son | <input type="checkbox"/> Daughter | <input type="checkbox"/> Friend | <input type="checkbox"/> 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): _____

Continued on next page

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 | | |

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: _____

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 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: _____

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

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: _____

