

The  
**CRABIEL**

HOME FOR FUNERALS

*A Life Celebration® Home*

170 North Main Street Milltown, NJ 08850  
Phone: (732) 828-1331 • Email: info@crabiel.com

# Pre-Arrangement Form

Use this form to provide us with as much or as little detail as you wish. At a minimum, provide us with your name and telephone number and tell us how you'd like us to work with you under the Summary Details section at the end of the form. Please contact us at 732-828-1331 if you have any questions.

## PERSONAL INFORMATION

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
City State/Province Zip Code Telephone Email Address

\_\_\_\_\_  
Date of Birth Place of Birth Social Security Number

\_\_\_\_\_  
Father's Name Father's Place of Birth

\_\_\_\_\_  
Mother's Name Mother's Place of Birth Mother's Maiden Name

Marital Status:  Married  Never Married  Divorced  Widow  Widower

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

\_\_\_\_\_  
Place of Marriage Date of Marriage

## Additional Family Members

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

## WORK/EDUCATION HISTORY

Educational Level:  Grade School  High School  Degree  Master's Degree  Doctorate

\_\_\_\_\_  
Occupation Company Name Business Field

## MILITARY RECORD

Did you serve in the military?  Yes  No

\_\_\_\_\_  
*Branch of Service*

\_\_\_\_\_  
*Serial Number*

\_\_\_\_\_  
*Date Entered Service*

\_\_\_\_\_  
*Rank at Discharge*

\_\_\_\_\_  
*Date Discharged*

\_\_\_\_\_  
*Discharge on File at*

Do you have a copy of your discharge papers (DD 214)?  Yes  No

\_\_\_\_\_  
*Wars Fought In*

\_\_\_\_\_  
*Person in Charge*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone*

## FUNERAL SERVICE REQUEST

Place of Service:  Funeral Home  Church  Cemetery

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Place of Visitation*

\_\_\_\_\_  
*Religious Denomination*

\_\_\_\_\_  
*Place of Worship*

\_\_\_\_\_  
*Lodge/Union/Assoc. Membership*

\_\_\_\_\_  
*Person in charge of final arrangements*

## DISPOSITION REQUEST

Place of Service:  Earth Burial  Mausoleum  Cemetery  Other

Preference:  Burial  Cremation

\_\_\_\_\_  
*Cemetery*

\_\_\_\_\_  
*Lot Number*

\_\_\_\_\_  
*Section/Letter*

\_\_\_\_\_  
*Grave Number*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone*

I have made a last will and testament:  Yes  No

\_\_\_\_\_  
*Location of Will*

SUMMARY DETAILS

*Additional Instructions for Us*

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*Memorial Requests or Donations to Charity*

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