



## RICE FUNERAL HOME PRE-ARRANGEMENTS FORM

Please 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 on the remaining information using the options at the base of the form. Please provide middle initials if known. You can send us the completed form via email ([info@ricefuneralhome.com](mailto:info@ricefuneralhome.com)), fax (508-519-0485), or mail (300 Park Ave, Worcester MA 01609).

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

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

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

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

Marital Status (Married, Never Married, Widowed or Divorced): \_\_\_\_\_

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

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

Additional Family Members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education Level: Grade School \_\_\_\_ High School \_\_\_\_ Degree \_\_\_\_ Master's \_\_\_\_ Doctorate \_\_\_\_

School(s) attended: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Type of Company or Organization: \_\_\_\_\_

Other positions Held/ Number of Years: \_\_\_\_\_

\_\_\_\_\_

**MILITARY RECORD**

Did You Serve in the U.S. Military? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have a copy of your discharge papers? \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date Entered Service: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Date Discharged: \_\_\_\_\_ Discharged on file at: \_\_\_\_\_

**FUNERAL SERVICE REQUEST**

Place of Service: \_\_\_\_\_

Telephone: \_\_\_\_\_ Place of Visitation: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Place of Worship: \_\_\_\_\_

Lodge/Union/Assoc. Memberships: \_\_\_\_\_

Hobbies / Interests: \_\_\_\_\_

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

**DISPOSITION REQUEST**

Prefer: Earth Burial \_\_\_\_\_ Mausoleum \_\_\_\_\_ Cremation \_\_\_\_\_ Other \_\_\_\_\_

Cemetery: \_\_\_\_\_

Lot #: \_\_\_\_\_ Section: \_\_\_\_\_ Grave #: \_\_\_\_\_ Lot Owner: \_\_\_\_\_

Address; \_\_\_\_\_ Telephone: \_\_\_\_\_

I have made a last will and testament: Yes \_\_\_\_\_ No \_\_\_\_\_ Location of Will: \_\_\_\_\_

**SUMMARY DETAILS**

Additional instructions for us: \_\_\_\_\_

Memorial requests or donations to charity: \_\_\_\_\_

Send me information about pre-arrangements: \_\_\_\_\_ Contact me to set up an appointment: \_\_\_\_\_

For additional information please visit [www.ricefuneralhome.com](http://www.ricefuneralhome.com)