



PELHAM FUNERAL HOME

Connecting Families, Celebrating Lives, Helping People

Pre-Arrangement Form

This form is intended to initiate the pre-planning process in your own space and time. Please provide us with your name and telephone number so that we may be making preparations to meet with you.

Please contact us if you have any questions.

Pelham Funeral Home
64 Lincoln Avenue Pelham, NY 10803

Phone: (914)-738-1060 Fax: (914)-738-1302
Email: clive@pelhamfuneral.com

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

Memorial Requests or Donations to Charity
