

Arrangement Form / State of Oklahoma

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)			2. SEX	3. SOCIAL SECURITY NUMBER	4. EVER IN THE U.S ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO
5a. AGE	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH	7. BIRTHPLACE (City and State or Foreign Country)	
8a. RESIDENCE State		8b. RESIDENCE County	8c. RESIDENCE City or Town	8d. RESIDENCE ZIP Code	8e. RESIDENCE Inside City Limits? <input type="checkbox"/> YES <input type="checkbox"/> NO
8f. RESIDENCE Street and Number					8g. RESIDENCE Apt. Number
9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married but Separated <input type="checkbox"/> Unknown				10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage/maiden name)	
11. FATHER'S NAME (First, Middle, Last)			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE/MAIDEN NAME (First, Middle, Last)		
13. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish, Hispanic, or Latino. Check the NO box if this does not apply to decedent.) <input type="checkbox"/> No, not Spanish, Hispanic, or Latino <input type="checkbox"/> Yes—Mexican, Mexican American, Chicano <input type="checkbox"/> Yes—Puerto Rican <input type="checkbox"/> Yes—Cuban <input type="checkbox"/> Yes—Other Spanish, Hispanic or Latino (specify): _____		14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native _____ (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify) _____		15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Associate's Degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g. Med, MA, MS, Meng, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional Degree (e.g. MD, ID)	
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done; DO NOT USE RETIRED)			17. KIND OF BUSINESS/INDUSTRY		
18. a. INFORMANT'S NAME		18 b. RELATIONSHIP TO DECEDENT	18 c. MAILING ADDRESS (Street and Number, City, State, ZIP)		

Signature _____ Phone _____ Date _____

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