

McKee Funeral Home
 Cremation Centers of America
 14538 Tamiami Trail
 North Port, FL 34287

FUNERAL ARRANGEMENT WORKSHEET

NO. _____

NAME _____ AGE _____
First Middle Last

DATE OF DEATH _____ HOUR _____

Arrangement Appointment—Day & Time: _____

At F.H. At Residence (Address): _____

Informant Interviewed by: _____

VITAL STATISTICS	
DECEDENT'S ADDRESS	
City-Town	State/Zip County
PLACE OF DEATH	
City-Town	State/Zip County
Specify: <input type="checkbox"/> In-Patient <input type="checkbox"/> DOA <input type="checkbox"/> ER <input type="checkbox"/> None	
Apparent Cause of Death	Length of Illness
Other Circumstances	
Certifier of Death Certificate	
Certifier's Address	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F Race-Ethnicity: Citizen: <input type="checkbox"/> USA	
BIRTHPLACE DATE OF BIRTH	
Father's Name	His Birthplace
Mother's Maiden Name	Her Birthplace
MARITAL STATUS Surviving Spouse	
Date & Place of Marriage	
EMPLOYMENT STATUS: <input type="checkbox"/> Retired (Year) <input type="checkbox"/> Presently Employed <input type="checkbox"/> Not Employed	
Usual Occupation Kind of Business	
Employer No. of Years	
Social Security No. Highest Education	
VETERAN: <input type="checkbox"/> No <input type="checkbox"/> Yes Branch of Service Rank	
Service Dates to Service No.	
Honors—Commendations	
INFORMANT'S NAME	
Informant's Address	
Informant's Phone Relationship	