

Arrangement Form / State of Ohio

(_____)

The information requested on this registration form is the same information required on a death certificate. PLEASE print or type.

1. DECEDENT'S LEGAL NAME <i>(First, Middle, Last, Suffix)</i>				2. SEX	3. SOCIAL SECURITY NUMBER	4. EVER IN THE U.S ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	Internal Use Only	
5a. AGE		5b. UNDER 1 YEAR	5c. UNDER 1 DAY	6. DATE OF BIRTH		7. BIRTHPLACE <i>(City and State or Foreign Country)</i>		DOD _____ TOD _____
		Months	Days	Hours	Minutes			Place _____
8a. RESIDENCE State		8b. RESIDENCE County		8c. RESIDENCE City or Town		8d. RESIDENCE ZIP Code		Dr. _____
8e. RESIDENCE Inside City Limits? <input type="checkbox"/> YES <input type="checkbox"/> NO		8f. RESIDENCE Street and Number				8g. RESIDENCE Apt. Number		Address _____
9. MARITAL STATUS AT TIME OF DEATH <i>Married, Never Married, Widowed, Divorced (Specify)</i>				10. SURVIVING SPOUSE'S NAME <i>(If wife, give maiden name)</i>				Phone _____
11. FATHER'S NAME <i>(First, Middle, Last)</i>				12. MOTHER'S MAIDEN NAME <i>(First, Middle, Last)</i>				Email Address _____
13. OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)</i>		14. RACE <i>American Indian, Black, White, etc. (Specify)</i>		15. EDUCATION Elementary/Secondary (0-12) <input type="checkbox"/> College 1-4 or 5+ <input type="checkbox"/> Degree Earned: <input type="checkbox"/>				Notes _____
16. DECEDENT'S USUAL OCCUPATION <i>(Indicate type of work done; DO NOT USE RETIRED)</i>				17. KIND OF BUSINESS/INDUSTRY				Service _____
18a. INFORMANT'S NAME <i>(Next of Kin)</i>		18b. RELATIONSHIP TO DECEDENT	18c. MAILING ADDRESS <i>(Street and Number, City, State, ZIP)</i>					CC of DC _____
18d. PHONE <i>(Next of Kin)</i> Home: _____ Cell: _____				18e. EMAIL <i>(Next of Kin)</i>			Obit _____	
19. VETERAN INFORMATION <i>(include copy of DD214 if possible)</i>						Viewing	Other _____	
Date of entry: _____ Place of Entry: _____						Notes _____	Tax _____	
Date of Discharge: _____ Place of Separation or Discharge: _____							TOTAL _____	
Serial Number: _____ Rank: _____ Branch of Service: _____								

Signature _____ Phone _____ Date _____

Email Address _____

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