



3843 E. Anaheim Street • Long Beach, CA 90804

562-961-9301

www.McKenzieMortuary.com

Update to Making Arrangements

To be able to receive a decedent's death certificate, please fill out this form and submit it to us. If you need to change information to your existing file (name, address, phone, etc.), please fill in the appropriate fields that need updating. In filling out this form, please note that you are creating a historical document.

The fields with red asterisk (*) are required fields.

Today's Date: _____ *

For all additional authorizations needed to complete these arrangements, my email address is:*

Name of person for whom you are making arrangements (first, middle and last): *

Sex: Male Female

Phone (with area code): _____

Street Address (Apt., Build., Ste., optional): _____

City: _____ State: _____ Zip Code: _____ County: _____

Number of Years in County: _____ Date of Birth: _____

Veteran: Yes No If "yes," which branch? _____

Dates served (began): _____ Dates served (ended): _____

City of Birth: _____ State of Birth: _____

Social Security Number: - -

Marital Status (highest level of education completed):

Married Widowed Divorced Never Married

Education (highest level of education completed):

- | | | |
|--|--|---|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> No Formal Education | <input type="checkbox"/> Elementary School |
| <input type="checkbox"/> Intermed./Jr. High School | <input type="checkbox"/> Some High School/No Diploma | <input type="checkbox"/> GED |
| <input type="checkbox"/> High School with Diploma | <input type="checkbox"/> Some College | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Doctorate's Degree |
| <input type="checkbox"/> Professional Degree | | |

Race:

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Black |
| <input type="checkbox"/> African American | <input type="checkbox"/> Mexican | <input type="checkbox"/> Mexican American |
| <input type="checkbox"/> Other Hispanic | <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Hmong | Other Asian: _____ |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian | |

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- Other Pacific Islander Alaska Native Eskimo
 Aleut Native American American Indian

Unknown or Other: _____

Employment (do not put "retired" in any fields):

Usual Employer: _____ Type of Business: _____

Occupation: _____ Years in Occupation: _____

Spouse / Parent Information:

Name of Spouse (first, middle and last): _____

Spouse's Maiden Name: _____

Father's Name: (first, middle and last): _____

Father's State of Birth: _____

Mother's Name (first middle and last): _____

Mother's Maiden Name: _____

Mother's State of Birth: _____

Informant: (if self, please state): _____

Phone (with area code): _____

Address: _____ Apt., Ste., Building (optional): _____

City: _____ State / Province / Region: _____ Zip code: _____

Country: _____

Interment Options (please check all the apply):

- Direct Cremation Witnessed Cremation
 Priority Cremation Cremation w/Memorial Service
 Cremation w/Witnessed Placement at Sea Full Traditional Service Followed by Cremation
 None/Other: _____

Burial Options (please check all that apply):

- Immediate Burial Graveside WITH visitation
 Graveside WITHOUT visitation Full Traditional Service
 None/Other: _____

Immediate Family and Closest Friends:

Name (1): _____ Relationship: _____

Street Address (Apt., Build., Ste., optional): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Name (2): _____ Relationship: _____

Street Address (Apt., Build., Ste., optional): _____

City: _____ State: _____ Zip Code: _____ Country: _____

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Name (3): _____ Relationship: _____

Street Address (Apt., Build., Ste., optional): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Name (4): _____ Relationship: _____

Street Address (Apt., Build., Ste., optional): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Name (5): _____ Relationship: _____

Street Address (Apt., Build., Ste., optional): _____

City: _____ State: _____ Zip Code: _____ Country: _____
