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# ALPHA CREMATION SERVICE

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Mailing Address: P.O. Box 22210, Eugene, OR 97401

1. Please complete the fields on page 2 by tabbing between them or using your mouse to navigate. You will notice that some fields are not accessible. Please fill out the open fields as best you can. If you don't know the information , just leave the field blank.
2. You may want to print a copy of this document for your records and bring it to the funeral home.
3. File/Save this document on your computer desktop. Then go back to website link and enter your Name, who the arrangement is for and your Email address on the fields provided.
4. Click Browse and select the Funeral Arrangement Form from your desktop.
5. Click the Robot box and complete the test.
6. Click Submit

I.D. Tag #	<b>DECEDENT INFORMATION</b>			Month	<b># DC's Ordered:</b> Long ____ Short ____ Call <input type="checkbox"/> Mail <input type="checkbox"/>			
Contract #				Year				
Casket/Urn				Total				
<b>Legal Name:</b> <i>Include AKA's if any</i>		First	Middle	Last	Suffix			
<b>Social Security # :</b>			<b>Sex:</b> Female <input type="checkbox"/> Male <input type="checkbox"/>					
	Time	Year	Month	Day	Under 1 Year		Under 1 Day	
Date of Death					Months	Days	Hours	Minutes
Date of Birth								
Age								
<b>Birthplace:</b> (City/Town, or County)				<b>State:</b> (or Foreign Country)				
<b>Was Decedent ever in the U.S. Armed Forces?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Branch:</b>				
<b>Served in Combat Zone?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If Yes, location of combat zone:</b>						
<b>Was the Decedent of Hispanic Origin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Specify:</i>		<b>Decedent's Race(s):</b>		<b>Decedent's Education (Select Grade Option):</b>				
				<input type="checkbox"/> 8 <sup>th</sup> grade or less		<input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma		
				<input type="checkbox"/> High School Graduate		<input type="checkbox"/> Some College, No Degree		
<b>Residence:</b> Number and Street (e.g., 624 SE 5 <sup>th</sup> Street, Apt. #8)		Ph:		<input type="checkbox"/> Associates Degree		<input type="checkbox"/> Bachelor's Degree		
City/Town:		County:		<input type="checkbox"/> Master's Degree		<input type="checkbox"/> Doctorate's Degree		
State or Foreign Country:				<input type="checkbox"/> GED Completed		<input type="checkbox"/> Refused		
Zip Code:		Inside City Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Unknown		<input type="checkbox"/> Not Obtainable		
				<input type="checkbox"/> Not Classifiable				
<b>Marital Status at Time of Death:</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced								
<b>Spouse's Name:</b> ( name prior to marriage)								
<b>Usual Occupation:</b>				<b>Kind of Industry/Business:</b>				
<b>Father's Name:</b> (First, Middle, Last, Suffix)								
<b>Mother's Name Prior to First Marriage:</b> (First, Middle, Last)								
<b>Informant's Name:</b>				<b>Statistics Approved by:</b>				
Relationship:			E-mail address:					
Home Phone:				Cell Phone:				
Mailing Address:								
<b>Place of Death:</b> (If pronounced dead other than at a hospital, check the specific type of location) <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Decedent's Residence-Hospice <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Residential Care Facility <input type="checkbox"/> Adult Foster Home <input type="checkbox"/> Other, Specify:								
Is place of death a Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> ER <input type="checkbox"/> DOA <input type="checkbox"/> Other:								
Facility Name:								
Location of Death (Address):								
City:		County:		State:		Zip Code:		
<b>Funeral Home &amp; Address:</b>								
<b>Funeral Director:</b>			<b>License #:</b>		<b>Family Svc Adv:</b>			
<b>Method of Disposition:</b> <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal From State <input type="checkbox"/> Donation								
<b>Place of Disposition:</b> (Name of Cemetery/Crematory/Other)								
<b>Date of Disposition:</b>				City/Town:		State:		
<b>M.E.:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Autopsy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Embalming: <input type="checkbox"/> Yes <input type="checkbox"/> No		Location:		
<b>Doctor:</b>			Will sign: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:		Time:	
Address:				Doctor contact:		Phone:		
<b>Removal by:</b>			<b>Embalmed by:</b>			<b>Cremated by:</b>		