



**302 South 13th Street
Escanaba, MI 49829
906-786-0074**

Prearrangement Form

There are two options to complete this form. The first option is to fill in all appropriate information and then click the submit button. Your form will automatically be sent to us electronically. The second option is to print out the form, complete the information and bring it to Crawford Funeral Home. We can keep this information on file for you.

Name: _____

Gender: Male Female

Date of Birth: _____

City & State of Birth: _____

Social Security #: _____

Father's Full Name: _____

Mother's Full Name: _____

Race: _____

Ancestry: _____

Address: _____

City: _____

County: _____

State: _____

Zip Code: _____

Phone #: _____

Email: _____



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Marital Status: Single Married Divorced Widowed

Place of Marriage: _____

Date of Marriage: _____

Spouses Full Name: _____

Spouses Full Maiden Name: _____

Education & Occupation

Education (Degrees earned, dates, highest level of education completed): _____

Employment History (Company, Years worked, Retirement date): _____

Clubs/Church Affiliations: _____

Military/Veteran

Branch of Service: _____

Service #: _____

Date of Enlistment: _____

Rank at Discharge: _____

Date of Discharge: _____

Wars and Conflicts: _____



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Family Members:

Name, City, State (Include given name of married children and spouses, siblings and spouses)

Additional Obituary Information:

Funeral Arrangements

Person in charge of final arrangements: _____

Place of disposition (cemetery, crematory or other location): _____

Florist Preference: _____

Desired Clothing/Jewelry: _____

Other instructions: _____
