Funeral Arrangement Preferences:
Choice of funeral home: _____426 Broadway or _____67 Ocean St.
Visiting Hours: Number of Days: _____ Prefered times: _____2-4 & 7-9 Other: _____ (specify)
Funeral Service(where?): ___In Funeral Home
___In Church after gathering at Funeral Home
Name/Address of Church _____
___ Clergy Preference _____
Special requests: music/religious readings, etc.

_____

Cemetery information:
Do you have a cemetery lot? yes / no If no, do you have a cemetery peference?_____
If available, do you want to purchase a lot prior to need?_____

If yes, name/address of cemetery: _____
Name of original lot owner:_____
What is your relationship to the original lot owner?_____
Lot location information, if known by you: (section/grave number)_____
Names/dates of death of people already buried in this lot:
_____
_____
_____

Please note if any legal assignments have been made with the cemetery and if legal authority to the lot has been established for someone other than the original lot owner.
If you choose cremation and want the cremated remains buried in a cemetery, complete above cemetery info.
_____
If you live out of Massachusetts for extended periods of time please note: _____

_____
If death occurs out of town/out of state, call us immediately even if death occurs at home. We can make immediate arrangements with a local funeral director for assistance if needed.

Special instructions: Please note anything that you would like done to better personalize your funeral services:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

SOLIMINE
FUNERAL HOMES
FUNERAL, MEMORIAL & CREMATION SERVICES
Family Owned and Operated
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Office: 426 Broadway (Rt. 129) 67 Ocean Street (Rt. 1A)
Lynn, MA 01904 Lynn, MA 01902
(781) 595-1492 • www.solimine.com

Funeral Pre-Arrangements Data Sheet for:

Legal Full Name:

first	middle	"nickname"	(maiden)	last

Also known as/name as you would like for newspaper listing:

first	middle	"nickname"	(maiden)	last

Legal Residence:

_____
number, street, apartment no.
_____ ( )
city, state, zip code telephone

Date of Birth:_____ Is it OK to publish your age: Yes No Sex: M F

Place of Birth: _____
city county/province state/country

Name of Father:_____ Father's birthplace: _____
state or country

Name of Mother: _____ Mother's birthplace:_____
(Maiden) state or country

Race _____ Hisp? _____ Ethnicity_____

Occupation_____Type of Business/Industry_____

Education Level_____Degree_____

Marital status: Never Married Married Widowed Divorced Number of Marriages:_____

(Maiden) Name of most recent spouse: _____
Is he/she living?_____ (if not, date of death:_____) Date you were married (mo/day/yr)_____
Previous spouse: _____
NOTE: we need correct information for legal purposes: In cases of marital separation, divorce, etc. we will only submit the information you wish submitted to any newspapers for publishing.

Social Security Number:_____
Have you ever served in military service? Yes No If yes, we will need a copy of your discharge.

Person who will take charge of my funeral arrangements:

NAME:_____ Relationship:_____

Address(street)_____ Home Phone _____

City _____ State_____ Zip_____ Work Phone _____

Background Information:

Where were you raised: ____________________
Schools: what is the highest level of education reached: Grade:___ College (years)_____ (required by state)
Names of schools you attended/graduation dates: ____________________

Where have you lived during your lifetime (dates,amount of years, etc.) ____________________

Veterans Information: (where and when served, ranks, awards, etc.) ____________________

Work Information: Usual Occupation (prior to retirement): ____________________
Type of Industry or business: ____________________

Companies worked for, dates, positions, anything special to note:

Community involvement: (fraternal, veterans, unions, church, civic, etc.-list memberships/accomplishments)

Other notes:

Family Information: As of Date: ____________________ (insert current date)

Please list **Living** relatives: (circle yes or no for living persons and insert number (#) where applicable)
(spouse: yes / no) (sons: yes / no #__) (daughters: yes / no #___)
(mother: yes / no) (father: yes / no) (brothers: yes / no #__) (sisters: yes / no #____)
(grandchildren: yes / no #____) (great grandchildren: yes / no #___)
ALSO: Grandparents, mother & father-in-law, step family members, if warrants: aunts/uncles, nieces/nephews

Relationship	Name	address and telephone

Please list **Deceased/Late** relatives: (close relatives that should be listed)

Relationship	Name	Relationship	Name