

*Mass Bay Cremation Service &
MacKinnon Funeral Home
760 Washington Street
Whitman, MA 02382
781 447-4141*

Arrangement Form

Name _____
 Address _____
 City _____ County _____ State _____ Zip _____

Sex _____ Marital Status (Married, Divorced, Never Married, Widowed) _____

Date of Birth _____ Age _____ Birthplace _____
 Race/Ethnicity _____ Education (highest level) _____
 Social Security # _____ Vet/ War _____
 Usual Occupation _____ Business or Industry _____
 Last Spouse(Maiden name) _____
 Father-Full Name _____ State of Birth _____
 Mother-Full Name (Maiden name) _____ State of Birth _____

Person to be in charge of funeral arrangements or (Next of Kin);

Name _____
 Address _____
 City/Town/State _____ Zip _____
 Relationship _____
 Phone # _____
 Phone # _____

Payment Method: Check _____ Credit Card # _____
 Full Payment is Due at time of Services: Exp Date _____ Type MC/Visa _____
 Billing Zip Code _____

Number of Certified Copies of the Death Certificate Needed:
Copies range in price from \$ 5.00 to \$ 12.00 per copy depending on City or Town.

VETERANS INFORMATION

Veteran Yes No Branch of Service Rank
 War Service Number
 Date of Enlistment Place
 Date of Discharge Place

Other Instructions:

Obituary Information: For Newspapers if needed.

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Name of Newspaper: _____

There may be an additional charge depending on the newspaper.

Family Members, Relationships, and place of residence:

Spouse:

Children:

Brothers:

Sisters:

Grandchildren:

Great-grandchildren:

Other:

Member of Clubs or Organizations:

Schools Attended:

Place of work:

Hobbies: