

*Mass Bay Cremation Service &
MacKinnon Funeral Home*

760 Washington Street

Whitman, MA 02382

781 447-4141

Fax 781 447-8558

Arrangement Form

Name		Date of Death	
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(before Retired)		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 #	

Name on Card:	
Payment Method: Check	Credit Card #
Exp Date	Type MC/Visa/Discover
Billing Zip Code	3 digit ID on back of Card

Number of Certified Copies of the Death Certificate Needed:
Copies range in price from \$ 5.00 to \$ 20.00 per copy depending on City or Town.

VETERANS INFORMATION(needed if a Veteran)				
Veteran	Yes	No	Branch of Service	Rank
War		Service Number		
Date of Enlistment		Date of Discharge		

Return of Cremated remains to:

Family member to pick up:

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Other Instructions:

Obituary Information: For Newspapers if needed.

Family will do obituary _____

Name of Newspaper(s): _____

Number of Days _____

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:
