

# ARRANGEMENT FORM / STATE OF OKLAHOMA

1. DECEDENT'S LEGAL NAME <i>(First, Middle, Last, Suffix)</i>				2. SEX	3. SOCIAL SECURITY NUMBER	4. EVER IN THE U.S ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5a. AGE	5b. UNDER 1 YEAR	5c. UNDER 1 DAY		6. DATE OF BIRTH	7. BIRTHPLACE <i>(City and State or Foreign Country)</i>		
	Months	Days	Hours				
8a. RESIDENCE State		8b. RESIDENCE County		8c. RESIDENCE City or Town		8d. RESIDENCE ZIP Code	8e. RESIDENCE Inside City Limits? <input type="checkbox"/> YES <input type="checkbox"/> NO
8f. RESIDENCE Street and Number						8g. RESIDENCE Apt. Number	
9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married but Separated <input type="checkbox"/> Unknown					10. SURVIVING SPOUSE'S NAME <i>(If wife, give name prior to first marriage/maiden name)</i>		
11. FATHER'S NAME <i>(First, Middle, Last)</i>				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE/MAIDEN NAME <i>(First, Middle, Last)</i>			
13. DECEDENT OF HISPANIC ORIGIN? <i>(Check the box that best describes whether the decedent is Spanish, Hispanic, or Latino. Check the NO box if this does not apply to decedent.)</i> <input type="checkbox"/> No, not Spanish, Hispanic, or Latino <input type="checkbox"/> Yes—Mexican, Mexican American, Chicano <input type="checkbox"/> Yes—Puerto Rican <input type="checkbox"/> Yes—Cuban <input type="checkbox"/> Yes—Other Spanish, Hispanic or Latino (specify): _____			14. DECEDENT'S RACE <i>(Check one or more races to indicate what the decedent considered himself or herself to be)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native _____ (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify) _____			15. DECEDENT'S EDUCATION <i>(Check the box that best describes the highest degree or level of school completed)</i> <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Associate's Degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g. Med, MA, MS, Meng, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional Degree (e.g. MD, ID)	
16. DECEDENT'S USUAL OCCUPATION <i>(Indicate type of work done; DO NOT USE RETIRED)</i>				17. KIND OF BUSINESS/INDUSTRY			
18. a. INFORMANT'S NAME		18 b. RELATIONSHIP TO DECEDENT		18 c. MAILING ADDRESS <i>(Street and Number, City, State, ZIP)</i>			

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

