



318 W. Broad Street Horseheads, NY 14845  
607-739-1301

James J. Lynch II Licensed Funeral Director  
Heather Ann Lynch Licensed Funeral Director  
Family Owned and Operated by James J. Lynch II  
www.lynchfuneralhome.com jlynch4@stny.rr.com

## PRE-ARRANGEMENT REQUEST INFORMATION FOR VITAL STATISTICS AND OBITUARY

1. Full Name of Deceased \_\_\_\_\_  
Residence no. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Date of Death \_\_\_\_\_ Place \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_  
Father \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Living: Yes  No  Living: Yes  No   
If living, give address \_\_\_\_\_

2. SURVIVING CHILDREN (If any are stepchildren indicate by X before name) \_\_\_\_\_ (City) \_\_\_\_\_ (State)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BROTHERS AND SISTERS (If half brothers or sisters indicate by X) (If stepbrother or sisters indicate by XX) \_\_\_\_\_ (City) \_\_\_\_\_ (State)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Grandchildren [ ] Great-Grandchildren [ ] Great-Great-Grandchildren [ ]

3. OCCUPATION OR BUSINESS CONNECTIONS \_\_\_\_\_  
If retired, give date \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Was deceased a veteran? \_\_\_\_\_ Name War \_\_\_\_\_ Service \_\_\_\_\_  
Does family wish flag? \_\_\_\_\_ Military Honors? \_\_\_\_\_ Does family have discharge? \_\_\_\_\_  
Education \_\_\_\_\_  
Clubs or Organizations \_\_\_\_\_  
Church Affiliation \_\_\_\_\_

4. FUNERAL ARRANGEMENTS: (Please contact Funeral Home before setting time of service.)  
TIME OF SERVICE \_\_\_\_\_ DAY \_\_\_\_\_ DATE \_\_\_\_\_  
PLACE OF SERVICE \_\_\_\_\_  
PLACE OF INTERMENT \_\_\_\_\_ MINISTER \_\_\_\_\_  
OMIT FLOWERS [ ] DONATE TO \_\_\_\_\_  
FAMILY WILL RECEIVE FRIENDS \_\_\_\_\_