

Prearrangement Form Crowder-Hite-Crews Funeral Home & Crematory P.O. Box 422 South Hill, Virginia 23970 434-447-7171

Prearrangements for (full name):						Sex:	M	F
Date of Birth (Month/Day/Year): _		Were you	ever in the ar	med forces	? Y	N		
Street Address or Rt#:	County ((leave blank if	independent	t city):				
City/Town:	Zip Code: _		Residenc	e inside Cit	y Limits	? Y	N	
Name of Your Father:		Maid	en Name of Y	Your Mothe	er:			Education
(specify only highest degree completed)	Elementary/Se	econdary (0-12	2):	College (1-4	4 or 5+):			
Citizen of what Country:	Birthplac	ce (State or Co	ountry):	S	ocial Sec	urity	#:	
Marital Status: Never Married	Divorced	Widowed	Married	Name of	Spouse:			
Usual/Last Occupation:		Kind of Bu	ısiness/Indus	stry:				
Visitation:								
Memorial Contributions:								
Minister(s):								
Pallbearers:								
Burial (and Cemetery) or Crematic	on?							
Location of Service:								
Special Instructions:								
Newspapers to include Notice:								