

**ALL COUNTY FUNERAL HOME  
& CREMATORY**

1107 Lake Avenue  
Lake Worth, Florida 33460  
561 533-8878

**DEL LAGO FUNERAL HOME**

131 South Lakeside Drive  
Lake Worth, Florida 33460  
561 533-5111

**ARRANGEMENT FORM**

The data on this form is required by the Florida State Board of Health to complete the death certificate and will Of course, be held confidential. Please complete this form & return to one of the addresses listed above. (A general price list will be provided upon request)

Name \_\_\_\_\_  
(first) (middle) (last)

Address \_\_\_\_\_ City Limits? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Veteran? \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City & State of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
(married, divorced, widowed or never married)

Usual Occupation \_\_\_\_\_  
(Give work done during most of working life. DO NOT USE RETIRED)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Education Level \_\_\_\_\_ Race \_\_\_\_\_  
(Highest grade)

Name of Father \_\_\_\_\_

Name of Mother \_\_\_\_\_  
(Must provide First, Middle & MAIDEN names)

**Next of Kin (if spouse, please provide maiden name)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

—

Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

I would like to prepay these arrangements by: Check Credit Card Payment Plan

**SIGNATURE OF PERSON MAKING THESE ARRANGEMENTS**

\_\_\_\_\_ Date \_\_\_\_\_

Boca Raton  
(561 368-8755)

Deerfield Beach  
(954) 427-5777

Ft Lauderdale  
(954) 538-9886

Hollywood  
(954) 921-7388

Miami  
(305) 373-7007