

ANDERS-DEWEILER PRE-ARRANGEMENT WORKSHEET

PERSONAL INFO

Name

First: _____ Middle: _____ Last: _____

Maiden Name: _____ Nickname(s) / AKA: _____

Sex: Male ____ Female ____ (check one) Email: _____

Date of Birth: ____ / ____ / ____

City/State of Birth: _____

County of Birth: _____

Age: ____ years old

SS #: ____ - ____ - ____

Are you an organ donor? Yes ____ No ____ (please check one)

Phone #: _____ Alternative/Cell Phone #: _____

Former residence? List town and state. _____

Origin/Nationality/Lineage: _____

Address

Street _____ City _____

County _____ State _____

Zip Code _____ Township/Boro _____

Mailing address different? List below.

Street _____ City _____

County _____ State _____

Zip Code _____ Township/Boro _____

Place of Worship

Name: _____

Denomination: _____

Street: _____ City/State: _____

Education

Primary/Secondary: _____th grade (completed) How many years of College? _____

Name of High School: _____ Location: _____

Name of college(s): _____ Location: _____

Any degrees? List Here _____

EMPLOYMENT

MAIN Occupation: _____

If self-employed, check here ____

If NOT self-employed, fill out information below:

Business/Employer: _____

Full Address: _____

Kind of Business/Industry: _____

Total length of time worked at this job? _____

If retired from this job, check here ____

If retired, date of retirement? _____

Other occupations? List below chronologically in order as they happened in life.

FAMILY INFO

Father's Name

First: _____ Middle: _____ Last: _____

Is Father deceased? Yes _____ No _____ (please check one)

Mother's Name

First: _____ Middle: _____ Last: _____

Maiden Name: _____

Is Mother deceased? Yes _____ No _____ (please check one)

Spouse's Name

First: _____ Middle: _____ Last: _____

Maiden Name: _____ Email: _____

Date of Birth: ____ / ____ / ____

If deceased, Date of Death: ____ / ____ / ____

Place of Death: _____

Place of Burial: _____

Marital Status: Never Married _____ Married _____ Widowed _____

Divorced _____ Unknown _____ (please check one)

If married, marriage place: _____

Date of Marriage: ____ / ____ / ____

INFORMANT

If informant is the same as the spouse, please check here ____

Informant's Name & Address

Title: _____

Email: _____

First: _____ Middle: _____ Last: _____

Relation: _____ SS #: _____ - _____ - _____

Street: _____ City: _____

State: _____ Zip Code: _____

Phone #: _____ Alternative Phone #: _____

RESPONSIBLE PARTY

If responsible party is the same as spouse, please check here

If responsible party is the same as informant, please check here

Responsible Party's Name & Address

Title: _____ Email: _____

First: _____ Middle: _____ Last: _____

Relation: _____ SS #: _____ - _____ - _____

Street: _____ City: _____

State: _____ Zip Code: _____

Home Phone #: _____ Alternative/Cell Phone #: _____

SURVIVORS

(include children, grandchildren, great-grandchildren, brothers & sisters)

| FULL Names | Relation | Partner/Spouse | Town & State | Phone # |
|------------|----------|----------------|--------------|---------|
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MEMBERSHIPS/ORGANIZATIONS

MEMORIAL CONTRIBUTIONS

Do you want memorial contributions "IN LIEU" of flowers? If yes, check here ____

HOBBIES/INTERESTS

VIEWING/VISITATION INFO

If viewing is at the Anders-Detweiler Funeral Home, check here

If viewing is NOT at the funeral home, fill out information below:

Location: _____

Date/Day: _____

Time: AM PM (check one)

Will the viewing be private? Yes No (check one)

What type of viewing will it be? Private Public Wake Vigil

SERVICE INFO

If service is at the Anders-Detweiler Funeral Home, check here

If service if NOT at the funeral home, fill out information below:

Location: _____

Date/Day: _____

Time: AM PM (check one)

Will the service be private? Yes No (check one)

What type of service will it be? Funeral Memorial Graveside Mass

DISPOSITION

Type of Disposition

Burial Cremation Removal Entombment

Donation Inurnment Other (describe): _____

Grave Location: _____

If burial, will the burial be private? Yes No

VETERAN'S INFO

If you are NOT a veteran, please check here

If you are a veteran, fill out information below:

Branch: Army Navy Air Force Marines

Coast Guard Other (describe): _____

War: Spanish American WWI WWII Korean Conflict

Post 1/55 Vietnam Other (describe): _____

Highest Rank Attained: _____

Enlistment Date: ____ / ____ / ____

Enlistment Place: _____

Discharge Date: ____ / ____ / ____

Discharge Place: _____

Service #: _____

EMBALMING

(Pennsylvania Law requires embalming for: crossing state lines, a PUBLIC viewing, any type of viewing after 24 hours from the time of death or sending someone via common carrier)

If embalming is declined, please check here ____

Name of who declined: _____

Relation: _____

If embalming is authorized, please check here ____

Name of who authorized: _____

Relation: _____

OTHER INFORMATION...

ANY SPECIAL REQUESTS?

Completed forms can be: mailed to 130 East Broad Street, Souderton, PA 18964
or faxed to (215) 723-0403 **or** scanned/ emailed to adfhl1@comcast.net