

ANDERS-DEWELER 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 #

PRECEDED IN DEATH

(include all relations; except for Spouse & Parents)

Name	Died In/On	Formerly Of (Town, State)	Relation

MEMBERSHIPS/ORGANIZATIONS

MEMORIAL CONTRIBUTIONS

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

If you would like flowers, please designate a floral designer to use: _____

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 adfh1@comcast.net