



We will also need:

1. Photo (optional for paper/printed materials)
2. Credit / Debit Card for obituary submission
3. Clothing (optional if no viewing)
4. Veteran's discharge papers (if applicable)
5. Life insurance info (if used for payment)
6. Cemetery info (if applicable)

If any questions, please feel free to:

Call us or text us at 845-229-2624

Email us at info@sweetsfuneralhome.com



SWEET'S
FUNERAL HOME
INC.

4365 Albany Post Road
Hyde Park, New York 12538
Tel. 845-229-2624 • Fax 845-229-6064
Email - info@sweetsfuneralhome.com

FUNERAL ARRANGEMENT WORKSHEET

NO. _____

NAME _____ AGE _____
First Middle Last

DATE OF DEATH _____ HOUR _____

Arrangement Appointment—Day & Time: _____

☐ At F.H. ☐ At Residence (Address): _____

Informant Interviewed by: _____

VITAL STATISTICS

DECEDENT'S ADDRESS

City-Town _____ State/Zip _____ County _____

PLACE OF DEATH

City-Town _____ State/Zip _____ County _____

Specify: ☐ In-Patient ☐ DOA ☐ ER ☐ None

Apparent Cause of Death _____ Length of Illness _____

Other Circumstances _____

Certifier of Death Certificate _____

Certifier's Address _____

Sex: ☐ M ☐ F Race-Ethnicity: _____ Citizen: ☐ USA

BIRTHPLACE _____ DATE OF BIRTH _____

Father's Name _____

Mother's Maiden Name _____

MARITAL STATUS _____ Surviving Spouse _____

Date & Place of Marriage _____

EMPLOYMENT STATUS: ☐ Retired (Year _____) ☐ Presently Employed ☐ Not Employed

Usual Occupation _____ Kind of Business _____

Employer _____ No. of Years _____

Social Security No. _____ Highest Education _____

VETERAN: ☐ No ☐ Yes Branch of Service _____ Rank _____

Service Dates _____ to _____ Service No. _____

Honors—Commendations _____

INFORMANT'S NAME

Informant's Address _____

Informant's Phone _____ Relationship _____

BIOGRAPHICAL INFORMATION	
--------------------------	--

Length of time living in this area:

Moved from

Religion	☐ Member	☐ Attended	☐ Non-Member
----------	---------------------------------	-----------------------------------	-------------------------------------

Church/Synagogue	City
------------------	------

Clubs, Organizations, Other Information:

Preceded in Death by (Spouse's Name)	Year
--------------------------------------	------

	SURVIVORS
--	-----------

Spouse

Parent(s) _____

/Children

/Sisters	/Brothers
----------	-----------

/Grandchildren	/Great Grandchildren	/Great-Great Grandchildren
----------------	----------------------	----------------------------

Other Survivors:

VISITATION	
Day	Hours
Day	Hours
Day	Hours
Day	Hours
CASKET OPENED: ☐ For Family & Friends ☐ Family Only ☐ No Viewing for Anyone	
ROOM:	SPECIAL SET UP: ☐ Catholic ☐ Other:
☐ Rosary ☐ Wake	

FUNERAL SERVICES			
☐ <i>Traditional Funeral</i>	☐ <i>Mass</i>	☐ <i>Graveside Service</i>	☐ <i>Memorial Service</i>
DAY-DATE		HOUR	
PLACE			
CLERGY			
MUSIC: ☐ Standard ☐ Special Selections			
Organist		Soloist	
FAMILY WILL SIT IN: ☐ Family Room ☐ Chapel		No. of Reserved Seats:	
NO. OF FAMILY CARS			
Address		Pickup Time	
Address		Pickup Time	
When will casket be closed?			
Jewelry, etc. to remove for family:			
PALLBEARERS: ☐ Professional ☐ Selected By Family ☐ We Notify ☐ Family Notifies			
☐ HONORARY PALLBEARERS:		☐ ESCORT	
COMMITTAL SERVICE: ☐ Immediately Following			
☐ Flowers Accepted		☐ In lieu of flowers, memorials to:	

FINAL DISPOSITION			
☐ INTERMENT ☐ ENTOMBMENT ☐ CREMATION			
DAY-DATE		HOUR	
Cemetery/Crematory			
City-Town		State/Zip	County
Grave No.	Lot	Section	Block
Lot Owner		Lot Purchased: ☐ Pre-Need ☐ At Need	
Outer Container/Vault Provided By		Marker	
Disposition of Cremated Remains			

ADDITIONAL INFORMATION			
Newspaper Notices In:			
Flowers to order			
Hairstyling			
Jewelry		Glasses	
Clothing			
Other			
Date Requested	CERTIFIED COPIES FOR	Quan.	Completed
BILLING TO			
Estate's Attorney			
Reason Family Selected F.H.:			
MORTUARY RECORD			
CASKET NAME/NO.			
Manufacturer		Material	
Exterior Color		Interior	
OUTER CONTAINER			
URN			
Other			
POST-MORTEM EXAMINATION ☐ No ☐ Yes BY:			
REMOVAL BY			
EMBALMING AUTHORIZATION ☐ No ☐ Yes EMBALMING BY:			
FUNERAL DIRECTOR			

[illegible][illegible]

TRANSFER REMAINS ☐ TO ☐ FROM

Funeral Home

☐ Trade Shipping Service ☐ Full Service F.H. Affiliations:

Address

City _____ State _____ Zip _____

Phone ()	Director
----------------------	----------

Price Quoted By/To Director

Ship Via: ☐ Our Vehicle ☐ Their Vehicle ☐ Airline:

DEPART (Airport)	Day	Time	Airline	Flight #	ARRIVE (Airport)	Time

Outer Shipping Container

Escort/Passengers

Special Information
