

MOUNT LAUREL HOME FOR FUNERALS

INC.
& Cremation Services

212 Ark Road, Mount Laurel, New Jersey 08054-6309
(856) 234-6900

ARRANGEMENT WORKSHEET

CASE ID NUMBER: _____

FUNERAL RECIPIENT:

First Middle Last Suffix

DAY, DATE & TIME OF DEATH:

Appointment Date & Time:

Interviewer & Location:

VITAL STATISTICS

SEX: SOCIAL SECURITY NO: DATE OF BIRTH: AGE:

Birthplace (City & State)

DECEDENT'S ADDRESS:

City/Town: State & Zip: County:

PLACE OF DEATH:

City/Town: State & Zip: County:

VETERAN: Branch of Service: Service Number:

Service Dates: War: Rank:

MARITAL STATUS: Surviving Spouse (name given at birth):

Father's Name: Mother's 1st & Maiden Name:

RACE: Decedent of Hispanic or Asian Origin (Circle: Yes or No) Specify Origin:

EMPLOYMENT: Usual Occupation: Retired: (Year:)

Employer: Employer's Location:

Industry: No. of Years: Highest Education:

INFORMANT: Relationship:

Informant's Address:

Informant Phone 1: Phone 2: Email:

CERTIFIER of DC: Certifier Phone No.: Number of DCs Requested:

Other Information:

BIOGRAPHICAL INFORMATION

PAPER NOTICE IN: _____ Date of Publication: _____

Length of Time at Present Residence: _____ Past Residence(s) (City & State): _____

Religion/Place of Worship: _____

Clubs & Organizations: _____

Interests & Hobbies: _____

Other Information: _____

SURVIVORS & (SPOUSES)/PREDECEASED

Spouse: _____

Parent(s): _____

Children (): _____

Sisters () Brothers ():

Grandchildren ()

Great-Grandchildren ():

Other Relatives: _____

In lieu of flowers, donations to: _____

Photo Available: ☐ Yes ☐ Website ☐ Newspaper

Email Contact(s): _____

VIEWING OR VISITATION

DAY-DATE:	HOURS:
DAY-DATE:	HOURS:
Room & Service Particulars:	Receiving Line: <input type="checkbox"/> Yes
Media:	Pallbearers: <input type="checkbox"/> Yes
Clothing/Jewelry/Memorabilia Specifics:	Flowers: <input type="checkbox"/> Yes

FUNERAL SERVICES

<input type="checkbox"/> Funeral Service	<input type="checkbox"/> Memorial Service	<input type="checkbox"/> Graveside Service
DAY-DATE:	HOUR:	
Location:	Phone:	
	Phone:	
Clergy:		
MUSIC: Special Selections/Instruments:		
Organist:	Soloist:	
LIVERY: Limo Pickup Address:	Pickup Time:	
Limo Pickup Address:	Pickup Time:	
Luncheon:	Announcement & Directions Needed:	

FINAL DISPOSITION

<input type="checkbox"/> Cremation	<input type="checkbox"/> Entombment	<input type="checkbox"/> Interment	<input type="checkbox"/> Other	
DAY-DATE:	HOUR:	CEMETERY/CREMATORY:		
City-Town:	State/Zip:	County:		
Lot Owner:	Grave No:	Lot:	Section:	Block:
Disposition of Cremated Remains:	Temporary Marker Needed:			
Casket:	Vault:	Urn:		

OUT-OF-TOWN ARRANGEMENTS

TRANSFER <input type="checkbox"/> TO <input type="checkbox"/> FROM:			
City:	State/Zip:	Phone: ()	Director:

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