

Jackson Funeral Home

308 Haddon Avenue, Haddon Township, NJ 08108-2803
856-854-0670 | www.jacksonfh.net | jacksonfuneralhomeht@gmail.com

Information Needed at Time of Arrangements

This Information is Needed for the Death Certificate Including All * Items

*Deceased Name: First _____ Middle _____ Last _____ Race _____

*Social Security Number: _____ (Maiden Name _____)

*Date of Birth _____ Age _____ *Birthplace (City & State or Foreign Country) _____

*Legal Residence-State _____ County _____ Municipality _____

*Street Number _____ Apt. _____ Zip Code _____

*US Armed Forces Y or N | Branch _____ Name of War _____

**(We will need a copy of form DD-214 Honorable Discharge)*

*Legal Domestic Status: Single/Never Married Married Widowed Divorced

*Name of Surviving Spouse _____ Maiden _____

*Deceased's Father's Full Name _____

*Deceased's Mother's Full Name _____

AND HER

*Maiden Name Before Marriage (nee) _____

*Name of Informant & Relation (Person handling Estate / Legal & Financial Affairs / Name Goes on Death Cert.)

_____ Relation _____ Phone _____

Address _____ Email _____

*Method of Disposition: Traditional with Viewing & Burial Viewing with Cremation to follow
 Cremation (No Viewing) with Memorial Service Cremation Only

*If Cremation is chosen, does your loved one have a Pacemaker? YES | NO

*Education: 8th grade or less 9-12 no diploma HS Grad GED Some College Credit
 Associates degree (AA, AS) Bachelor's degree (BA, AB, BS) Master's (MA, MS, MEd, MSW) Doctorate (PhD, EdD) Professional degree (MD, DD, JD)

*Last Occupation _____ *Last Employer _____

*Kind of Business _____ *Address _____

Where will services be held? _____ Name of Cemetery _____