

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**_____