



Joseph
FARENGA
& Sons
FUNERAL HOME, INC.
Antonopoulos • Basis • Peter Angerame Funeral Homes

Funeral Directors Worksheet

ID Number: _____ Name: _____
First
Middle
Last

Relative File News Article/Picture Embalming Authorization Picture Pre-Arrangement

VITAL STATISTICS

Decedent's Street Address:			
City-Township:		County:	State: Zip Code:
Place of Death:		Date of Death:	Age:
City-Township:		County:	State: Zip Code:
Date of Birth:		Birthplace (City & State)	
Social Security No.:		Race-Ethnicity:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Father's Name:		Mother's Maiden Name:	
Marital Status (M, W, D, S, NM):		Surviving Spouse (Maiden Name):	
Aliases or AKA's:		Highest Education:	
Usual Occupation:		Kind of Business/Industry:	
Employer:		City:	No. of Years:

INFORMATION OF INFORMANT

INFORMANT'S NAME:		Relationship:
Informant's Street Address:		
City-Town:		State: Zip Code:
Informant's Day Telephone		
Responsible Party - Relationship		
Address:		City-Town - State - Zip Code
Informant's Day Telephone		Informant's Mobile Telephone:

DISPOSITION

<input type="checkbox"/> Interment		<input type="checkbox"/> Entombment		<input type="checkbox"/> Cremation	
Cemetery/Crematory:		Day:	Date:	Time:	
Address:		City-Town:		County:	State:
Grave No.:	Section:		Block:		Lot Owner:
Outer Container/Vault Provided By:				Marker:	
Disposition of Cremated Remains:					

I WARRANT THAT ALL THE INFORMATION ABOVE IS TRUE AND CORRECT! _____