

(732) 390-9199

Mount Sinai Memorial Chapels, Inc.

Peter Kulbacki, Mgr.
NJ License #3381

MAILING ADDRESS: PO Box 7149, E. Brunswick, NJ 08816-7149

Chapel Location: 454 Cranbury Road, East Brunswick, NJ 08816-3675

FUNERAL ARRANGEMENTS WORKSHEET

*Be sure to use **complete, full, LEGAL** names for all entries, and then indicate if there are nicknames or shortened names that are used for newspapers.*

FULL LEGAL NAME

First _____ Middle _____ Last _____

Maiden _____ Hebrew Name _____

FULL LEGAL RESIDENCE

Street _____ Town _____

County _____ State _____ Zip _____ How long living in this town? _____ years

Previous lived in towns _____

PHONE NUMBERS Home _____ Cell _____

Work _____ Email Address _____

DATE OF BIRTH ____/____/____ SOCIAL SECURITY # ____ - ____ - ____

PLACE OF BIRTH (Town/State) _____

MARITAL STATUS _____ Spouse's Name (Inc Maiden) _____

Date of Marriage _____ If predeceased, when? _____

EDUCATION (# of years, degree) _____

FATHER' NAME (first/middle/last) _____

MOTHER'S MAIDEN NAME (first/middle/last) _____

OCCUPATION (Most of life) _____ Worked _____ yrs / Retired in _____

EMPLOYER _____ City/State _____

Other Employment Information _____

EVER IN THE U.S. ARMED FORCES AT ANY TIME? Y or N Branch of Service _____

Service Dates _____ Rank _____ Service Related Disability Y or N

Any Honors _____

**** Be sure to get a copy of DISCHARGE PAPERS ****

DISPOSITION: Burial Cremation Entombment Other

PLACE OF DISPOSITION _____ Town/State _____

If Burial, Block _____ Section _____ Row _____ Range _____ Grave(s) _____

Deed in the name of _____ ** Be sure to get ORIGINAL DEED***

PERSON IN CHARGE OF ARRANGEMENTS _____ Relationship _____

Address _____

Home # _____ Cell # _____ Work # _____

Email Address _____

BIOGRAPHICAL INFORMATION (Use both full legal names and also indicate any nicknames)

FULL NAME	SPOUSE'S NAME	COMPLETE ADDRESS
SPOUSE		
SONS		
DAUGHTERS		
PARENTS		
BROTHERS		
SISTERS		

GRANDCHILDREN _____ GREAT GRANDCHILDREN _____ GR. GR. GRANDCHILDREN _____

TEMPLE BELONGED TO _____

ORGANIZATIONS BELONGED TO (Proper names, towns and **any offices held**)

ANY NEWSPAPER NOTICES? Y or N If Yes, list papers below:

SPECIAL INSTRUCTIONS FOR NEWSPAPERS (i.e.: No age in paper, etc.)

SERVICE PREFERENCES (Chapel Service, Graveside Service)

PREFER TAHARA (Ritual Preparation)? _____
(NOTE: If you request Tahara, must use Tachrichim (shroud), **not** street clothing)

PREFER STREET CLOTHING OR TACHRICHIM (Shroud)? _____
(NOTE: We will need Talis for men)

of Certified Copies of Death Certificate _____
(Need 1 each for probate of estate, Veterans Administration, 1 per bank or insurance company (**not** per account or policy), Motor Vehicle agency, 1 for each company that you have stocks/bonds, 1 for US Savings Bonds. NOTE: It does NOT make a difference how the account is titled – if your name appears on it **in any way**, you need a certified copy of the death certificate.)