

A. A. Maliszewski
Funeral Home

218 Whitehead Avenue
South River, NJ 08882
(732) 254-0428
Carmen F. Spezzi, Mgr.
NJ Lic. No. 3139

Carmen F. Spezzi
Funeral Home

15 Cherry Lane
Parlin, NJ 08859
(732) 721-1290
Christine O. Spezzi, Mgr.
NJ Lic. No. 3674

Maliszewski
Memorial Home

121 Main Street
Sayreville, NJ 08872
(732) 254-1428
Carmen F. Spezzi, Mgr.
NJ Lic. No. 3139

FUNERAL ARRANGEMENTS WORKSHEET

**** Please Check Above Which Funeral Home You Wish To Use ****

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 _____

FULL LEGAL RESIDENCE

Maiden _____

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/Country) _____

MARITAL STATUS _____ **SPOUSE'S NAME** (Inc Maiden) _____

Date of Marriage _____ If predeceased, when? _____

EDUCATION (# of years, degree) _____

FATHER'S 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** **N** Branch of Service _____

Service Dates _____ Rank _____ Service Related Disability? **Y** **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 _____ Range _____ Graves _____

****You May Send This Form Back Using Mail, Email, or Fax to the Funeral Home of Your Choice ****

****Please Refer to the Instructions on the bottom of Page 2 of This Form****

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	Relation	SPOUSE'S NAME (If Applicable)	COMPLETE ADDRESS

Grandchildren _____ Great Grandchildren _____ Great Great Grandchildren _____

CHURCH BELONGED TO _____

ORGANIZATIONS BELONGED TO (Proper Names, Towns and Any Offices Held)

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

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

SERVICE PREFERENCES (One Day Visitation, one evening only of visitation, Services at Funeral Home, Services at church, etc.) _____

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.)

DELIVERY INSTRUCTIONS (Forms can be Mailed, Faxed, or e-Mailed)

	Carmen F. Spezzi Funeral Home	Maliszewski Memorial Home	Maliszewski Funeral Home
Traditional Mail	15 Cherry Lane Parlin, NJ 08859	121 Main Street Sayreville, NJ 08872	218 Whitehead Avenue South River, NJ 08882
e-Mail	spezzifh@gmail.com	maliszewskimh@gmail.com	maliszewskifh@gmail.com
Fax	(732) 721-1315	(732) 254-7950	(732) 651-8883