

(732) 390-9199

Mount Sinai Memorial Chapels

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N.J. Lic. No. 4870

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) _____

RACE _____ HISPANIC ORIGIN YES NO

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 _____

Please provide a copy of discharge paperwork (DD-214) if available

DISPOSITION: Burial Cremation Entombment Other

PLACE OF DISPOSITION _____ Town/State _____

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

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
SONS		
DAUGHTERS		
PARENTS		
BROTHERS		
SISTERS		

GRANDCHILDREN _____

GREAT-GRANDCHILDREN _____

GREAT GREAT-GRANDCHILDREN _____

TEMPLE BELONGED TO _____

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

SERVICE PREFERENCES *(Chapel Service, Graveside Service)*

PREFER TAHARA (Ritual Preparation)? _____

PREFER STREET CLOTHING OR TACHRICHIM (Shroud)? _____

(NOTE: If you request Tahara, Tachrichim (shroud) and Talis (for men) is required)

ANY NEWSPAPER NOTICES? **YES** or **NO** *If Yes, list papers below:*

SPECIAL INSTRUCTIONS OR REQUESTS *(i.e. No age in paper, 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.