

ID# \_\_\_\_\_  
 DOD \_\_\_\_\_ AGE \_\_\_\_\_  
 CO \_\_\_\_\_ CA# \_\_\_\_\_  
 CM DT \_\_\_\_\_ CM# \_\_\_\_\_



**HELLERTOWN**  
 1418 Main Street  
 Hellertown, PA 18055  
 610-838-9191 ph  
 215-679-5782 fax  
 Donna M. Falk, F.D., Supv.

**PENNSBURG**  
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 Frank J. Falk, F.D., Supv.

# Background Information Form

Date: \_\_\_\_\_

1. <i>First</i> _____		2. <i>Middle</i> _____		3. <i>Last, Suffix</i> _____		4. <i>Sex</i> _____		5. <i>SS#</i> _____		6. <i>Date of Death</i> _____	
7.a. <i>AGE</i> _____		7.b. <i>Date of Birth</i> _____		7.c. <i>Birthplace (City and State or Foreign Country)</i> _____				7.d. <i>Birthplace (County)</i> _____			
8.a. <i>State</i> _____		8.b. <i>Address</i> _____		8.c. <i>City</i> _____		8.d. <i>Township</i> _____		8.e. <i>County</i> _____		8.f. <i>Zip</i> _____	
9. Armed Forces: YES <input type="checkbox"/> NO <input type="checkbox"/>		10. Marital Status at time of death: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown <input type="checkbox"/>		BRANCH: _____		DD214 Available: YES <input type="checkbox"/> NO <input type="checkbox"/>					
11. Surviving Spouse's Name: _____											
12. Father's Name: _____ <i>First, Middle, Last, Suffix</i> Lvg <input type="checkbox"/> Dec <input type="checkbox"/> Residence (if living): _____											
13. Mother's Name: _____ <i>First, Middle, Last, Suffix</i> Lvg <input type="checkbox"/> Dec <input type="checkbox"/> Residence (if living): _____											
14.a. Informant's Name: _____						14.b. Relationship: _____					
14.c. Address: _____						City: _____		ST: _____		Zip: _____	
PH: _____				Cell: _____		Email: _____					
15.a. Place of Death: If Hospital: <input type="checkbox"/> In-Patient <input type="checkbox"/> ER <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice facility <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____											
15.b. _____ <i>Facility Name (if not institution, give street and number)</i>				15.c. _____ <i>City OR Town, State, and Zip Code</i>				15.d. _____ <i>County of Death</i>			
16.a. Method of Disposition: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal From State <input type="checkbox"/> Donation <input type="checkbox"/> Other (specify) _____											
16.b. Date of Disposition _____				16.c. Place of Disposition (Cemetery, Crematory, or other) _____							
16.d. Location of Disposition (Address) _____											
18. <b>EDUCATION:</b> Grade completed _____ College-# yrs. _____ Schools Attended: _____											
22. <b>Employment:</b> _____ _____ _____											
19. Hispanic NO <input type="checkbox"/> YES <input type="checkbox"/> _____ (Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Other)						20. AND 21. Race: _____					
<b>ADD'L CONTACT:</b> _____ _____ Address: _____ Email: _____ Phone: _____ Cell: _____											
<b>ADD'L CONTACT:</b> _____ _____ Address: _____ Email: _____ Phone: _____ Cell: _____											

# Background Information Form

**MEMBERSHIPS:**  
 Church name: \_\_\_\_\_  
 Denomination: \_\_\_\_\_

Clubs / Organizations:	Name and city	Positions held	# years
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**FAMILY:**

Children:	Name (birth order)	Significant Other (first & last name)	City	State
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	1.		
Address: _____				
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	2.		
Address: _____				
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	3.		
Address: _____				
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	4.		
Address: _____				
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	5.		
Address: _____				
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	6.		
Address: _____				
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	7.		
Address: _____				
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	8.		
Address: _____				

Siblings:	Name (birth order)	Significant Other (first & last name)	City	State
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	1.		
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	2.		
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	3.		
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	4.		
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	5.		
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	6.		
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	7.		
Lvg <input type="checkbox"/>	Dec <input type="checkbox"/>	8.		

**Grandchildren: (# & first names)**  
 ( ) Grandchildren: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 ( ) Great-Grandchildren: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 ( ) Great-Great Grandchildren: \_\_\_\_\_

**Other Surviving Family Members: (#)**  
 ( ) Nieces: \_\_\_\_\_  
 ( ) Nephews: \_\_\_\_\_

# Background Information Form

## ARRANGEMENTS:

Calling Hrs:  Public  Family ONLY  NO viewing for anyone | Embalm?  Yes  No | Form signed?  Yes  No

Day & Date: 1. \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Day & Date: 2. \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Services:  Traditional  Memorial  NO Services |  Funeral Home  Church  Graveside  Other \_\_\_\_\_

Day & Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Officiating: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Other:  Rosary Service  Masonic / Eastern Star  Military / Veteran  Service Organization \_\_\_\_\_

Day & date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

## FINAL DISPOSITION:

Burial  Cremation \*  Donation – Humanities Gift  Removal from PA

\* If Cremation:  Return ashes to family  Bury ashes  Scatter ashes

Day & date: \_\_\_\_\_ Time: \_\_\_\_\_ Note: \_\_\_\_\_

Cemetery / Crematory: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City ST Zip County Twp

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Grave: \_\_\_\_\_ Lot: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ | Deed Available:  Yes  No | Temporary marker needed?  Yes  No

## OTHER DETAILS:

Military Services:  Yes  No  Flag 4' x 8'  Bronze marker (specify war) \_\_\_\_\_  Military grave site (Specify) \_\_\_\_\_  
 Other \_\_\_\_\_

Outer burial container provided by: \_\_\_\_\_ Phone: \_\_\_\_\_

Disposition of cremated remains: \_\_\_\_\_

Out-of-town funeral home name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Details of transport: \_\_\_\_\_

## TRIBUTE REQUESTS: (e.g., bagpipes, dove release, etc.)

Request: \_\_\_\_\_ Contact name & phone: \_\_\_\_\_  
 Check payable to: \_\_\_\_\_ \$

Request: \_\_\_\_\_ Contact name & phone: \_\_\_\_\_  
 Check payable to: \_\_\_\_\_ \$

Request: \_\_\_\_\_ Contact name & phone: \_\_\_\_\_  
 Check payable to: \_\_\_\_\_ \$

## PERSONAL INFORMATION: (Information for sharing – such as hobbies, interests, favorite pastimes, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Background Information Form

## TYPES OF SERVICE ITEMS:

**Flowers:**    We order    Family orders    NO Flowers   |   Florist of choice: \_\_\_\_\_

**Items:**                      **Type**                      **Ribbon**                      **Card**                      **Colors**

## Contributions:

1. Charity name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Website: \_\_\_\_\_

2. Charity name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Website: \_\_\_\_\_

3. Charity name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Website: \_\_\_\_\_

## Newspapers:

*Philadelphia Inquirer; Morning Call; Express Times; Pottstown Mercury; Town & Country; Souderton Independent; Free Press; The Intelligencer; North Penn Reporter; Star Ledger (Warren Co / NJ); Reading Eagle; Norristown Times Herald; Saucon News; Valley Voice, etc.*

- |                      |                                |                                    |   |
|----------------------|--------------------------------|------------------------------------|---|
| 1. Paper name: _____ | <input type="checkbox"/> Photo | <input type="checkbox"/> Full Obit | <input type="checkbox"/> Abridged Obit (FREE) |
| 2. Paper name: _____ | <input type="checkbox"/> Photo | <input type="checkbox"/> Full Obit | <input type="checkbox"/> Abridged Obit (FREE) |
| 3. Paper name: _____ | <input type="checkbox"/> Photo | <input type="checkbox"/> Full Obit | <input type="checkbox"/> Abridged Obit (FREE) |
| 4. Paper name: _____ | <input type="checkbox"/> Photo | <input type="checkbox"/> Full Obit | <input type="checkbox"/> Abridged Obit (FREE) |

## Music:

Standard    Country    Jazz/Contemporary    Family will provide    Other (specify) \_\_\_\_\_

Song requests: \_\_\_\_\_

## Stationery:

Include Photo    NO Photo    Special Text    NO Special Text    Other (specify) \_\_\_\_\_

Package:    Standard    Matching set    Deluxe set    Veteran Set    Other (specify) \_\_\_\_\_

Item:    Memorial folder    Prayer card    Service folder (large)    Life tribute    Other (specify) \_\_\_\_\_

Style choice: \_\_\_\_\_ # Copies needed: \_\_\_\_\_ # Laminates needed: \_\_\_\_\_

## Media:

Picture boards # \_\_\_\_\_    Video    We produce    Family will provide   Details: \_\_\_\_\_

## Hairdresser:

We provide    Family selection   Name & phone: \_\_\_\_\_

## Clothing:

Family will provide    Gown/Suit Package (specify) \_\_\_\_\_    Other \_\_\_\_\_

## Glasses:

On    Off

## Jewelry:

Item

Stays On    Comes Off \_\_\_\_\_

Stays On    Comes Off \_\_\_\_\_

## Pall Bearers:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

## Cars:

Drive own cars    Ride with us    Pick up needed -- time & place: \_\_\_\_\_

## Police Escort:

No    Yes    If yes, -- time & place: \_\_\_\_\_

## Notes: