

Arrangement Worksheet

Gallaher American Family Funeral Home

Arrangement Date and Time: _____ Funeral Director: _____

Location of Arrangements: _____ Funeral Director: _____

Deceased: _____ Date of Birth: _____

Age: _____ Date of Death: _____ Social Security Number: _____

Place of Birth: _____ Place of Death: _____

Legal Residence: _____ City Limits? _____

Marital Status: _____ Surviving Spouse (w/Maiden name): _____

Occupation: _____ Business/Industry: _____

Race: _____ Hispanic or Haitian Decent: _____ Specify: _____

Highest Level of Education: _____ Veteran: _____ Branch of Service: _____

Father's Name: _____ Mother's Name w/ Maiden Name: _____

Informant: _____ Relationship: _____ Phone: _____

Address: _____ Cell: _____

Email: _____

Disposition: Cremation Burial Removal from State Other

Certifier: _____ Phone: _____ Fax: _____

License Number: _____ Certificates with Cause: _____ Without: _____

Gallaher American Family Funeral Home
Phone (239) 337-7311