

**BARNETT FUNERAL HOME**  
**207 E. Fourth Street, Emporium, PA 15834**  
 John "Bo" Cappiello, Supervisor • 814-486-0369  
 www.BarnettFuneralHome.Net

**ARRANGEMENT FORM** -Information Used for Authorizations, Permits & Obituary

Name _____ Age _____ Street Address _____ City, State & Zip _____ Township of Residence _____ County of Residence _____ Former Residence _____  Date of Death _____ Place of Death _____ Street Address _____ City, State _____ Township of Death _____ County of Death _____ Illness: <i>Brief, lengthy, unexpectedly</i>  Date of Birth _____ City of Birth _____ County of Birth _____ State _____ _____ Years      _____ Months      _____ Days Marital Status _____ Anniv. Date: _____, at: _____ Spouse(Maiden) _____ Address _____ Father _____ Address _____ Mother (Maiden) _____ Address _____ Usual Occupation _____ Kind of Business/Industry _____ Statement to _____  Person in charge _____  Relation / Phone: _____	Service <i>Funeral Service, Memorial Service, Mass, None</i> Place: _____ City / State _____ Date _____ Time _____ Clergy _____  Visitation Public: _____ Family only: _____ <input type="checkbox"/> No Visitation <input type="checkbox"/> _____  Cemetery _____  Date of Burial _____ County _____ State _____ Monument in place? <input type="checkbox"/> Yes <input type="checkbox"/> NC <u>Memorial Contributions in paper?-(If Any)</u>  Soc. Sec. No _____  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Veteran Service _____</td> <td>Serial No. _____</td> </tr> <tr> <td>Claim No _____</td> <td>Branch _____</td> </tr> <tr> <td>Date Enlist. _____</td> <td>Place _____</td> </tr> <tr> <td>Date Disch _____</td> <td>Place _____</td> </tr> <tr> <td>State when Enlist _____</td> <td>Yrs. lived at address _____</td> </tr> </table> Newspapers _____ Register _____ Card/Fldrs. _____ Grave marker needed <input type="checkbox"/> YES    Monument neede <input type="checkbox"/> YES Order Engraving: <input type="checkbox"/> From: _____ Florist & Amount: _____  Physician: _____  _____ Death Certificates    _____ # Yrs of Education	Veteran Service _____	Serial No. _____	Claim No _____	Branch _____	Date Enlist. _____	Place _____	Date Disch _____	Place _____	State when Enlist _____	Yrs. lived at address _____
Veteran Service _____	Serial No. _____										
Claim No _____	Branch _____										
Date Enlist. _____	Place _____										
Date Disch _____	Place _____										
State when Enlist _____	Yrs. lived at address _____										

- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> Video Tribute?        | <input type="checkbox"/> Order Flowers?       | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Pay Clergy ?          | <input type="checkbox"/> Pay Luncheon ?       | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Family to Cemetery or | <input type="checkbox"/> End at Funeral Home? | <input type="checkbox"/> _____ |

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Casket:

Vault:

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**Children (Surviving):**

Name:

Spouse:

City:

\_\_\_ Grand Children

\_\_\_ Gr. Grand Children

\_\_\_ Great Gr. Grand Children

**Brothers/Sisters/Grandparents:**

Name:

Spouse:

City:

**Preceded in Death by:**

Relation:

Name:

**Memberships Activities Etc.:**

Clergy \$: \_\_\_\_\_

Flowers: \$ \_\_\_\_\_

Organist: \$ \_\_\_\_\_

Cemetery \$: \_\_\_\_\_

Hairdresser: \$ \_\_\_\_\_

Obituaries: \$ \_\_\_\_\_

Luncheon \$: \_\_\_\_\_

Engraving: \$ \_\_\_\_\_

Crematory: \$ \_\_\_\_\_

Death Certs. \$: \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_