



GardenHill Funeral Director Service, Inc.

Betty R. Hill-Manager- NJ Lic. No. 4156
579 Grove Street, Irvington, NJ 07111
(973) 675-8401 - (973) 866-5656 Fax

FILE #: _____

WWW.GARDEN-HILL.COM

INTERVIEW WORKSHEET

Photo of Decedent

FUNERAL RECIPIENT:

First Middle Last Suffix

DAY, DATE & TIME OF DEATH: _____

LOCATION OF DECEASED: _____ Phone#: _____

Interviewer & Date: ***Please select (1)**
Service to be provided: ___Transport ___Arrangement ___ Shipping ___ Cremation ___ DocServ

Caller: _____ Phone#: _____ Relationship: _____

VITAL STATISTICS

SEX: _____ SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____ AGE: _____

Birthplace (City & State) _____

DECEDENT'S ADDRESS: _____

City/Town: _____ State & Zip: _____ County: _____

PLACE OF DEATH: _____

City/Town: _____ State & Zip: _____ County: _____

VETERAN: _____ Branch of Service: _____ Service Number: _____

Service Dates: _____ War: _____ Rank: _____

MARITAL STATUS: _____ Surviving Spouse (name given at birth): _____

Father's Name: _____ Mother's 1st & Maiden Name: _____

RACE: _____ Decedent of Hispanic or Asian Origin (Circle: Yes or No) If Yes, Specify Origin: _____

EMPLOYMENT: Usual Occupation: _____ Retired: _____ (Year: _____)
**Title or Position*

Employer: _____ Employer's Location: _____

Industry: _____ No. of Years: _____ Highest Education: _____

INFORMANT: _____ Relationship: _____

Informant's Address: _____

Informant Phone 1: _____ Phone 2: _____ Email: _____

CERTIFIER of DC: _____ Certifier Phone No.: _____ Number of DCs Requested: _____

Final Disposition: ___Cremation ___Burial Name of Cemetery _____ City: _____ State: _____

BIOGRAPHICAL INFORMATION

PAPER NOTICE IN:

Date of Publication:

Length of Time at Present Residence:

Past Residence(s) (City & State):

Religion/Place of Worship:

Clubs & Organizations:

Interests & Hobbies:

Other Information:

SURVIVORS & (SPOUSES)/PREDECEASED

Spouse:

Parent(s):

Children ():

Sisters () Brothers ():

Grandchildren ()

Great-Grandchildren ():

Other Relatives:

In lieu of flowers, donations to:

Photo Available: Yes Website Newspaper

Email Contact(s):

VIEWING OR VISITATION

DAY-DATE: _____ HOURS: _____

DAY-DATE: _____ HOURS: _____

Room & Service Particulars: _____ Receiving Line: Yes

Media: _____ Pallbearers: Yes

Clothing/Jewelry/Memorabilia Specifics: _____ Flowers: Yes

FUNERAL SERVICES

Funeral Service Memorial Service Graveside Service

DAY-DATE: _____ HOUR: _____

Location: _____ Phone: _____

_____ Phone: _____

Clergy: _____

MUSIC: Special Selections/Instruments: _____

Organist: _____ Soloist: _____

LIVERY: Limo Pickup Address: _____ Pickup Time: _____

_____ Limo Pickup Address: _____ Pickup Time: _____

Luncheon: _____ Announcement & Directions Needed: _____

FINAL DISPOSITION

Cremation Entombment Interment Other

DAY-DATE: _____ HOUR: _____ CEMETERY/CREMATORY: _____

City-Town: _____ State/Zip: _____ County: _____

Lot Owner: _____ Grave No: _____ Lot: _____ Section: _____ Block: _____

Disposition of Cremated Remains: _____ Temporary Marker Needed: _____

Casket: _____ Vault: _____ Urn: _____

OUT-OF-TOWN ARRANGEMENTS

TRANSFER TO FROM: _____

City: _____ State/Zip: _____ Phone: () _____ Director: _____

DEPART (Airport)	Day	Time	Airline	Flight #	ARRIVE (Airport)	Day	Time



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Fax: 973-866-5656

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AUTHORIZATION FOR REMOVAL

(Name of Institution)

To release the body of _____
(Deceased)

To **GardenHill Funeral Director Services, Inc.** and/or its agents.

I, _____ verbally authorize the above named funeral home and/or its agents to remove, embalm and prepare for final disposition the remains of _____ my _____.

I attest that I have the legal authority to take this action.

Per _____

Name: _____

Address: _____

Photo of Decedent: _____

Phone #: _____

Email: _____

I, _____ authorized the above named funeral home and/or its agents to remove, embalm and prepare for final disposition the remains of _____ my _____.

I attest that I have the legal authority to take this action.

Sign: _____ Date: _____

Address: _____ Tel.: _____