



## Bernard Suess

*Funeral Home, Inc.*

606 Arch Street  
Perkasie, PA 18944  
215-257-2144  
Jeffrey F. Gahman  
Supervisor

## Sadler-Suess

Funeral Home  
33 North Main Street  
Telford, PA 18969  
215-723-4636  
Stephen L. Reutlinger  
Supervisor

# Arrangement Information

### Legal Information (Required for all Arrangements)

Name (first, middle, last): \_\_\_\_\_

Legal Mailing Address: \_\_\_\_\_

Physical Address & Municipality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City & State): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name (Including Maiden Name): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Date of Death (if predeceased): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Military Service: \_\_\_\_\_ Branch: \_\_\_\_\_

Years of Service: \_\_\_\_\_ Service Info: \_\_\_\_\_

### Employment History (use separate page if necessary):

Main Job Title: \_\_\_\_\_ Years worked: \_\_\_\_\_

Last Employer: \_\_\_\_\_ Year Retired: \_\_\_\_\_

Informant (person in charge of arrangements): \_\_\_\_\_

Informant's Address: \_\_\_\_\_

Informant's Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Informant's Relationship: \_\_\_\_\_ (O) \_\_\_\_\_

**Additional Information (Obituary Purposes)**

**Memberships:**

Church Affiliation: \_\_\_\_\_

Church Activities: \_\_\_\_\_  
\_\_\_\_\_

Other Memberships: \_\_\_\_\_

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

Hobbies, Interests or other Activities: \_\_\_\_\_

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

**Survivor Information:**

Children (included spouses and where they live):

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

Grandchildren: ( # ) \_\_\_\_\_ (Names optional)

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

Great Grandchildren: ( # ) \_\_\_\_\_ Great-Great Grandchildren: \_\_\_\_\_

Siblings: \_\_\_\_\_

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

# Service Information

## Final Disposition

Burial       Cremation       Entombment       Science Donation      (circle one)

Cemetery or Mausoleum: \_\_\_\_\_

## Services:

Funeral Home     Church     Other: \_\_\_\_\_

Clergy or Officiant: \_\_\_\_\_

## Visitation:

Viewing (open casket)

Calling Period (closed casket or no casket)

Evening prior to service

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

## Additional Notes or Information:

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