

*A Traditional Jewish Experience*



- Graveside Services
- Chapel Services
- Taharas
- Transfers to Israel
- Cremations
- Worldwide Arrangements

# Eden

## Memorial Chapels

*Inc.*

### 888 700-3336

327 Main Street Fort Lee, NJ 07024 Frank Patti Senior Director NJ LIC. No. 2693

THE ONE STEP IN ADVANCE PLANNING IS TO COMPLETE THIS FORM AND RETURN IT TO US. THE INFORMATION BELOW SHOULD BE AS ACCURATE AS POSSIBLE. MAIL OR FAX TO (201) 944-9049.

### STATISTICAL INFORMATION

NAME OF PERSON PRE-ARRANGEMENTS ARE FOR: \_\_\_\_\_

LEGAL RESIDENCE (IF OTHER THAN RESIDENCE) \_\_\_\_\_ LENGTH OF STAY \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

LEGAL RESIDENCE: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE: (CITY & STATE/COUNTRY) \_\_\_\_\_

MARITAL STATUS: S / M / W / D NAME OF SPOUSE: FIRST \_\_\_\_\_ MAIDEN \_\_\_\_\_

USUAL OCCUPATION (BEFORE RETIRED): \_\_\_\_\_

KIND OF INDUSTRY/BUSINESS: \_\_\_\_\_ ADDRESS OF LAST EMPLOYER \_\_\_\_\_

EDUCATION LEVEL: # OF YEARS \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: FIRST \_\_\_\_\_ MAIDEN \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ VETERAN: YES / NO : WAR \_\_\_\_\_

NAME OF NEXT OF KIN OR RESPONSIBLE PARTY: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

### CEMETERY INFORMATION

NAME OF CEMETERY: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

GRAVES ARE OWNED BY (IF ORGANIZATION STATE NAME): \_\_\_\_\_

IF THRU ORGANIZATION, NAME OF PERSON TO CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

BLOCK: \_\_\_\_\_ SECTION: \_\_\_\_\_ DIVISION: \_\_\_\_\_ PLOT/LOT: \_\_\_\_\_

ROW: \_\_\_\_\_ # OF GRAVES IN PLOT \_\_\_\_\_ GRAVE TO BE USED: # \_\_\_\_\_

PREVIOUS BURIALS: \_\_\_\_\_

BURIAL IS TO BE: (NEXT TO / IN FRONT / BEHIND) \_\_\_\_\_ (YEAR INTERRED) \_\_\_\_\_

### SERVICE INFORMATION

SERVICE TO BE CONDUCTED AT WHICH CHAPEL?: \_\_\_\_\_ OR GRAVESIDE ONLY: \_\_\_\_\_

CLOTHING / SHROUD / TAHARA / SHOMER (CIRCLE IF APPLICABLE) \_\_\_\_\_ # OF LIMOUSINES \_\_\_\_\_

NAME OF CLERGY TO BE CONTACTED: \_\_\_\_\_ OR SUPPLIED BY US: YES / NO

NEWSPAPERS TO BE CONTACTED: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

NUMBER OF CERTIFIED COPIES: \_\_\_\_\_ PERSON TO BE CONTACTED \_\_\_\_\_

**I AM INTERESTED IN A PRE-PAID FUNERAL YES / NO** ADDRESS: \_\_\_\_\_

**I AM INTERESTED IN PRICE QUOTE ONLY YES / NO** CITY: \_\_\_\_\_

**I AM INTERESTED IN A PRE-NEED MONUMENT YES / NO** STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**ANY OTHER REQUEST (S):** \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_

\_\_\_\_\_ E-MAIL: \_\_\_\_\_