

# Arrangements Information Sheet

**The following information is required for the obituary and by  
The Pennsylvania Department of Vital Records  
before they will issue a Certified Death Certificate.**

To ease some of the burden from your loved ones in an already difficult time,  
please complete the information contained within.  
Return it to Vaia Funeral Home at your earliest convenience.

The information will remain confidential,  
and be placed in a secure file for future use.



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**Vaia Funeral Home**

463 Athena Drive

Delmont, PA 15626

Phone: 724-468-1177 Fax: 724-468-1179

Web: [www.VaiaFuneralHome.com](http://www.VaiaFuneralHome.com)

# Arrangements Information Sheet

## Personal Information

Name: \_\_\_\_\_ Please Circle Gender: M F SS#: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ City/Boro/Township of: \_\_\_\_\_ County: \_\_\_\_\_

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

Please Circle  
Is your Spouse Living or Deceased Previous Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ City/County of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Citizenship Country: \_\_\_\_\_ Education: \_\_\_\_\_

Occupation/Former Occupation: \_\_\_\_\_ Type of Business/Industry: \_\_\_\_\_

Military Branch: \_\_\_\_\_ Military Rank: \_\_\_\_\_ Please Circle Did you serve in Wartime or Peacetime?

If Wartime, What War? \_\_\_\_\_ Is Your DD214 Available? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Please Circle Is he Living or Deceased

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Please Circle Is she Living or Deceased

## Survivor Information

Children's Information Number of Sons: \_\_\_\_\_ Number of Daughters \_\_\_\_\_

1. Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

City/State: \_\_\_\_\_

2. Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

City/State: \_\_\_\_\_

3. Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

City/State: \_\_\_\_\_

4. Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

City/State: \_\_\_\_\_

5. Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

City/State: \_\_\_\_\_

**Sibling Information**

Number of Brothers: \_\_\_\_\_

Number of Sisters: \_\_\_\_\_

Add names only if you wish them listed individually in your obituary.

1. Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

City/State: \_\_\_\_\_

2. Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

City/State: \_\_\_\_\_

3. Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

City/State: \_\_\_\_\_

4. Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

City/State: \_\_\_\_\_

5. Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

City/State: \_\_\_\_\_

**Grandchildren Information**

Number of Grandchildren \_\_\_\_\_

Add names only if you wish them listed individually in your obituary.

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

**Great Grandchildren Information**

Number of Grandchildren \_\_\_\_\_

Add names only if you wish them listed individually in your obituary.

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

**Niece and Nephew Information**

Number of Nieces \_\_\_\_\_

Number of Nephews \_\_\_\_\_

Add names only if you wish them listed individually in your obituary.

\_\_\_\_\_

**Pre-Deceased Information:**

1. Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

2. Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

3. Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

4. Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

5. Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

## Other Information

Religious preference: \_\_\_\_\_ Clergy's Name: \_\_\_\_\_

Church: \_\_\_\_\_ City/Town: \_\_\_\_\_

Please List any Organizations you Belong too

1. Name: \_\_\_\_\_ Please Circle  
List in your obituary? Yes or No

2. Name: \_\_\_\_\_ Please Circle  
List in your obituary? Yes or No

3. Name: \_\_\_\_\_ Please Circle  
List in your obituary? Yes or No

Do you Wish Contributions sent in your name to any Organization/Foundation. If yes Please List

1. Name: \_\_\_\_\_ Please Circle  
List in your obituary? Yes or No

2. Name: \_\_\_\_\_ Please Circle  
List in your obituary? Yes or No

Please list the newspapers where you wish your obituary placed.

1. \_\_\_\_\_ 2. \_\_\_\_\_

How many Copies of Certified Death Certificates will you need? \_\_\_\_\_

Please be aware that your estate will need one for each bank account, certificate or asset in your name. The State of Pennsylvania currently charges \$6.00 each for a Death Certificate. Additional Death Certificates can be ordered at a later date, but ten State charges \$9.00 each and may take 6 to 8 weeks

Please add any addition comments or instructions below.

Informant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Informant Address: \_\_\_\_\_

Informant Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Thank you for trusting us to assist you with your funeral arrangements. By taking this step now, you are assuring that these decisions will not have to be made at a very difficult and trying time in your loved ones' lives.

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### For Funeral Home Use

Visiting Hours: \_\_\_\_\_ Family here at: \_\_\_\_\_

Funeral Service Day: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_