

Bartolomeo & Perotto Funeral Home, Inc.

1411 Vintage Lane • Rochester, NY, 14626 • (585) 720-6000

FUNERAL ARRANGEMENTS WORKSHEET

ID Number: _____ Name: _____ Age: _____
First Middle Last

Date of Death: _____ Hour: _____

Arrangement Appointment – Day and Time: _____

At FH At Residence (Address): _____

CWC: **Date:** _____ **Time:** _____

Vintage Spencerport Churchville Other

VITAL STATISTICS

1. Decedent's Name:				2. Sex:		3A. Date of Death:	
3B. Hour:		4A. Place of Death:				4B. Admitted Date:	
4C. Facility:				4D. Locality:			
4E. County:			4F. Med. Rec. #:		4G. Transferred?		
5. Date of Birth:		6A. Age:	6B: Under 1 Year:		6C. Under 1 Day:		7A. Birthplace:
		Months:	Days:	Hours:	Minutes:		
8. Armed Forces?		9. Hispanic Origin?			10. Race:		
11. Education:			12. Social Security #:		13. Marital Status:		
14. Spouse:				15A. Usual Occupation:			
15B. Kind of Business:				15C. Company:			
16A. Residence – State:		16B. County:			16C. Locality:		
16D. Street:			16E. Zip Code:		16F. In City Limits?		
17. Father:				18. Mother:			
19A. Informant:				19B. Address:			
20A. Disposition:				20B. Place of Disposition:			
20C. Location:			21A. Funeral Home:				
22A. Director:			25A. Certifier				

INFORMANT'S INFORMATION

INFORMANT'S NAME:		Relationship:	
Informant's Street Address:			
City-Town:		State:	Zip Code:
Informant's Day Telephone		Informant's Cell Phone:	
Contact Name		Contact Phone	

OBITUARY INFORMATION

Resident since:	Moved here from:
Religious affiliation:	
Church:	City:
Clubs, Organizations, Other Information:	

SURVIVORS

Spouse:	Date of marriage:	If deceased, year:
Parent(s):		
Children:		
Brothers:		
Sisters:		
No. of Grandchildren:	No. of Great-Grandchildren:	No. of Great-Great-Grandchildren:
Precedents:		

VISITATION					
Day:	Hours:	Place:			
Day:	Hours:	Place:			
Day:	Hours:	Place:			
Casket Opened: <input type="checkbox"/> For Family & Friends <input type="checkbox"/> Family Only <input type="checkbox"/> No Viewing for Anyone					
Room:	Special Setup:	<input type="checkbox"/> Catholic	<input type="checkbox"/> Flag Military	<input type="checkbox"/> Military Time:	
		<input type="checkbox"/> Masonic Apron	<input type="checkbox"/> Masonic Time:		
<input type="checkbox"/> Rosary	<input type="checkbox"/> Wake	Time:			
FUNERAL SERVICES					
Traditional Funeral		Mass	Graveside Service	Memorial Service	Private
Day:	Date:	Hour:			
Place:					
Clergy:					
Music:					
Organist:			Soloist:		
Address:			Pickup Time:		
Address:			Pickup Time:		
When will casket be closed?					
Jewelry instructions:					
PALLBEARERS					
Professional	Selected by Family	Honorary	Who Notifies:		
COMMITTAL SERVICE					
<input type="checkbox"/> Immediately Following Funeral Service		<input type="checkbox"/> Other:			
FLOWERS					
<input type="checkbox"/> Accepted	<input type="checkbox"/> Family to Provide	<input type="checkbox"/> Display ad			
Display to read:					
DISPOSITION					
Interment		Entombment		Cremation	
Cemetery/Crematory:		Day:	Date:	Time:	
Address:		City-Town:	County:	State:	
Grave No.:	Section:	Block:			
Outer Container/Vault Provided By:			Marker:		
Disposition of Cremated Remains:					
Grave, Lot Drawing:					

Life Story Questions

Please answer the following questions to the best of your ability. Collecting information from many family members is encouraged.

1) Childhood: List interests and provide childhood stories or details:

Necessary Info

Date of birth _____

Place of birth _____

Place where they grew up _____

Parent's names _____

What they did for a living _____

Sibling's names (provide oldest to youngest) _____

2) Teen / Young Adult years: List interests, accomplishments, romances, etc:

Necessary Info

Education completed _____

3) Career / Military Service: What they did and where they worked and/or served.

Provide any memorable stories they may have told:

4) Family: Provide information about relationships, parenting, children, family, and/or pets:

Necessary Info

Are they married or involved in a relationship? _____

Was there a ceremony? _____

How did they meet? _____

If they have children, what are their names? (list from oldest to youngest)

Who does their family include today? (spouse, children, grandchildren, siblings, etc.)

5) Events: Special vacations, holiday gatherings, or greatest day of their life:

6) Activities: For example, tell about hobbies, sports, church, clubs... memorable stories?:

7) Favorites: List teams, unique sayings/quotes, music, books, TV shows/movies, etc:

8) Personality: Describe character, outlook on life, overall theme or legacy, funny things they did or said... tell memorable stories about who they were):
