

Impellitteri - Malia Funeral Home

VITAL STATISTICS

Newspapers: _____, _____, _____

Name: _____ Age: _____

Address: _____ City: _____ State: _____

Formerly Resided: _____ Came to Area: _____ Length: _____

Date of Death: _____ Place of Death: _____

How long in hospital, institution or length of illness: _____

Sex: Male Female Marital Status: Married Single Widowed Divorced Separated

Date of Birth: _____ Place of Birth: _____

Father: _____ Sur: _____ Mother: _____

Spouse's Name: _____ Date of Death: _____

Date of Marriage: _____ Place of Marriage: _____

Veteran: Yes No War: _____ Branch: _____

Military Honors: Full Partial: _____

Occupation: _____ Employer: _____

Address: _____

Social Security: _____ Education: _____

Organizations: _____

Your Contact Information:

Name: _____ Email: _____ Telephone: _____

Mailing Address: _____

FUNERAL ARRANGEMENTS

Place of Burial (Cemetery): _____ City: _____

Section: _____ Lot: _____ Grave: _____ Others there: _____

Other Cemetery Information: _____

Type of Funeral:

Mass Church Service Funeral Home Services Graveside Direct Cremation Cremation/Viewing Ship Out

Name of Church or Name of Funeral Service: _____

Calling Hours: Yes No Date(s): _____ Time(s): _____ Private Viewing

Day of Funeral: _____ Date: _____ Time Preference: _____

Priest or Clergy of Preference: _____ Music: _____

Organizational Rituals: _____

Misc. Information: _____

SURVIVORS

Spouse: _____ City: _____ St.: _____

Parents: _____ City: _____ St.: _____

Grandparents: _____ City: _____ St.: _____

Great Grandparents: _____ City: _____ St.: _____

Sons: _____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

Daughters: _____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

Brothers: _____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

Sisters: _____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

_____ City: _____ St.: _____

No. of Grandchildren: ____ M ____ / F ____ No. of Great Grandchildren: ____ M ____ / F ____ G.G. Grandchildren: _____

Memorial Donations

To: _____
