The following pages and forms can be used at the time of need or can be used if you are looking to pre-plan a funeral for yourself or loved one. They contain the following:

. Funeral Planning Checklist
. Family Worksheet
. Obituary Worksheet
. “Why We Need Death Certificates”
. Release and Embalming Authorization
. Release Authorization with NO Embalming
. Cremation Authorization

Please consider using the funeral planning checklist, family worksheet and obituary worksheet to help gather information that will be needed for the funeral arrangements at the funeral home.

If you have any questions please do not hesitate to contact me at 630-852-8000. Thank you very much.

Anthony P. Cappetta
Funeral Director
westsuburbanfh@yahoo.com
Funeral Planning Checklist

**Recording Personal Information** *(See Funeral Information Sheet)*
- Full legal name
- Residence
- Date of birth
- Place of birth
- Citizenship
- Occupation
- Business or industry
- Marital status
- Spouse’s full name
- Father’s name
- Mother’s maiden name
- Next of kin / Executor’s full name
- Next of kin’s address
- Nest of kin’s relationship
- Doctor’s name & address

**Making Service Choices**
- Choose a funeral home
- Choose a cemetery
- Set time & date of service
- Choose location of service
- Choose burial or cremation
- Request preparation and embalming
- Choose family viewing or visitation
- Decide if jewelry is to remain or return
- Supply clothing for deceased
- Select photographs to be displayed
- Select musical selections, hymns & solos
- Select scripture or literature to be read
- Choose charity to direct donations to
- Arrange location for funeral luncheon

**Making Specific Selections** *(These decisions will be made at the funeral home during arrangements)*
- Select casket or cremation container
- Select burial vault or cremation urn
- Select memorial grave marker & inscription
- Select prayer cards & acknowledgment cards
- Select floral arrangements

**Documents to Locate**
- Will
- Deed to cemetery plot
- Birth certificate
- Marriage certificate
- Insurance policies
- Bank documents
- Title to property
- Vehicle ownership
- Tax returns
- Military discharge papers *(Form DD-214)*

**People to Contact**
- Extended family/ friends
- Doctor
- Accountant
- Lawyer
- Employer
- Insurance agent
- Creditors
- Clubs, unions & organizations
- Financial advisor / banker

**Pay for the Following Services**
- Funeral service
- Cemetery plot, perpetual care & interment fees
- Grave memorial, inscription & installation
- Funeral luncheon

**Please note:**
The preceding list is only a guideline; actual arrangements will be unique to each individual.
Legal Name of Deceased: ________________________________
(include Middle Name or Initial)

Address: ____________________________________________

Formerly of: ________________________________________

Sex (circle one): Male or Female

Date of Birth: ____________________

Birthplace (City and State OR Foreign Country):

Social Security Number: ______________________________

Marital Status (Circle one):

Married Never Married Widowed Divorced

Name of Spouse (Living OR deceased-MAIDEN name of wife):

Father's name: ______________________________________

Mother's name (First name & MAIDEN name): ________________

Education – Highest grade completed: ____________________

Please list occupation during lifetime, DO NOT use retired

Occupation: __________________________________________

Kind of business or industry: ____________________________

Religion: ____________________________________________

Church Affiliation: __________________________________

Clubs/organizations: ________________________________

________________________________________________________________________________

Hobbies: ____________________________________________

________________________________________________________________________________

Cemetery Name: _______________________________________

Location of Grave/Crypt: ________________________________

Ever in the Armed Forces (Circle one): Yes or No

IF YES, PLEASE ATTACH A COPY OF YOUR
DISCHARGE FORM (DD 214)

Which war___________________________________________

Branch__________________ Rank________________________

Service number__________________________

Entered Service (Date and place):

__________________________

Separated Service (Date and place):

__________________________

Military Honors (Circle one): Yes or No

Person in charge of funeral arrangements:

Name__________________________________________

Address_______________________________________

________________________________________________________________________________

Phone #: _______________________________________

Email Address ______________________________________

Please bring the following items:
*Picture of the deceased (past 2 years for preparation)
*List of survivors for death notice, if applicable
*Photos for Photo Memorial DVD
(A memorial DVD is provided by the funeral home at NO CHARGE)
*Rosary
*Clothing:

Men

Suit

Wear

Women

Dress

Underclothes

Tie

Shoes or Slippers

Hose

Underclothes

Shoes or Slippers

Dentures

Glasses

Jewelry

WEST SUBURBAN
FUNERAL HOME & CREMATION SERVICES

ANTHONY P. CAPPETTA
39 N. Cass Ave. 630.852.8000
Westmont, IL. 60559 westsuburbanfh@yahoo.com
westsuburbanfh.com
# OBITUARY WORKSHEET

<table>
<thead>
<tr>
<th>DEGREE</th>
<th>RELATION</th>
<th>GRANDRELATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>BELOVED</td>
<td>WIFE</td>
<td>OF _____</td>
</tr>
<tr>
<td></td>
<td>HUSBAND</td>
<td>(If wife, please include maiden name)</td>
</tr>
<tr>
<td>LOVING</td>
<td>MOTHER</td>
<td>OF _____</td>
</tr>
<tr>
<td></td>
<td>FATHER</td>
<td>(Oldest to youngest, including spouses and last names)</td>
</tr>
<tr>
<td>CHERISHED</td>
<td>GRANDMOTHER</td>
<td>OF _____</td>
</tr>
<tr>
<td></td>
<td>GRANDFATHER</td>
<td>(Oldest to youngest, including spouses and last names (if desired))</td>
</tr>
<tr>
<td>GREAT</td>
<td>GRANDMOTHER</td>
<td>OF _____</td>
</tr>
<tr>
<td></td>
<td>GRANDFATHER</td>
<td>(Oldest to youngest, including spouses and last names (if desired))</td>
</tr>
<tr>
<td>DEAR</td>
<td>SISTER</td>
<td>OF _____</td>
</tr>
<tr>
<td></td>
<td>BROTHER</td>
<td>(Oldest to youngest, including spouses and last names (if desired))</td>
</tr>
<tr>
<td>FOND</td>
<td>AUNT</td>
<td>OF _____</td>
</tr>
<tr>
<td></td>
<td>UNCLE</td>
<td>(Oldest to youngest, including spouses and last names (if desired))</td>
</tr>
</tbody>
</table>

MEMORIAL CONTRIBUTIONS TO ____________________________ WOULD BE APPRECIATED.

_____ Chicago Sun-Times

Mon. _____ Tues. _____ Wednesday _____ Thursday _____ Friday _____ Sat. _____ Sunday _____

Date's ____________________________
Why We Need Death Certificates

From experience, we have determined that you may need certified copies of the death certificate for the following purposes:

- **Life Insurance** (1 for each insurance company, regardless of the number of policies)
- **Banks** (1 for each bank, particularly if the account is in the deceased's name only)
- ** Stocks** (1 per company, if held individually or jointly. If held by a broker, 1 for each broker)
- **Bonds** (1 for each U.S. Savings Bond. Bonds can be re-issued to new co-owners. If you have corporate bonds, you will need 1 per company)
- **Real Estate** (1 for each county in which property is owned)
- **Secretary of State** (1 certified copy may be used for automobile, boat and/or mobile home)
- **IRAs / Individual Retirement Accounts** (1 for each financial institution where funds are maintained)
- **CDs / Certificate of Deposit** (1 for each financial institution where funds are maintained)
- **Pension** (1 per pension fund)
- **Health Insurance** (1 if insurance is provided by an employer)
- **Current/Vacation Pay** (1 if the deceased was still actively employed)
- **401K / 403B / Retirement Plans** (1 for each depository)
- **Federal Income Tax** (1)
- **State Income Tax** (1)
- **Local Income Tax** (1)
- **Probate** (If there is to be a probate of the estate, you will need at least 5 certified copies)

Should you require additional certified copies of the death certificate, please call us and we will be happy to obtain them for you.

WEST SUBURBAN
FUNERAL HOME & CREMATION SERVICES

ANTHONY P. CAPPETTA
39 N. Cass Ave. 630.852.8000
Westmont, IL. 60559 westsuburbanfh@yahoo.com
westsuburbanfh.com
Authorization for Release and Embalming

The undersigned hereby authorize ____________________________ (Name of Institution or Person) to release the body of ____________________________ (Deceased) to ____________________________ (Name of Funeral Home) or its agents and authorize said funeral home and/or its agents to care for, embalm and otherwise prepare said body for burial and/or other disposition.

I (we) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

Signature

Relationship to Deceased

Signature

Relationship to Deceased

Signature

Relationship to Deceased

Witness

Date
Authorization for Removal and Disposition Without Embalming

The undersigned hereby direct and authorize the ______________________ (Funeral Home) and/or its agents, to remove and take possession of the body of ______________________ (Deceased) and to provide the final disposition of said body by ( ) earth burial, ( ) entombment, ( ) cremation, ( ) burial at sea, ( ) other ______________________. We direct that there be no embalming or other preparation or care of the body. The undersigned also wish hereby to indicate the desire (not to have) (to have) rites/ceremonies with the casketed body present.

The undersigned do further state that they (have) (have not) identified the body of the above named decedent and assume all responsibility and/or liability for mistaken identity.

The undersigned do hereby agree to indemnify and hold harmless the above named funeral home, its officers, agents and employees from any claims or causes of action, including a reasonable attorney’s fee for the defense thereof arising out of their act of identification or failure to identify, or arising out of their decision not to embalm, or arising out of any other decision indicated by this agreement which may result in mental or physical distress or anguish or harm or financial loss to themselves or to others.

Signature ______________________ Relationship to Deceased ______________________

Signature ______________________ Relationship to Deceased ______________________

Signature ______________________ Relationship to Deceased ______________________

Witness ______________________ Date ______________________
WEST SUBURBAN FUNERAL HOME & CREMATION SERVICES
CREMATION AUTHORIZATION

The undersigned authorizing agent(s) hereby attest to the accuracy of the representations contained herein and represent and certify the identity of the remains of the deceased ________________________ who passed away at ________________________ M. on ________________________. I/we hereby certify that I/we have the legal rights to authorize the cremation, handling, processing and disposition of the deceased's remains and that I/we are not aware of any living person who has superior right to serve as an authorizing agent. If there is another person who has superior right, all reasonable efforts have been made without success to locate them and that the undersigned has no reason to believe such person would object to cremation.

The undersigned authorizes WEST SUBURBAN FUNERAL HOME to assume possession of the remains of the deceased and further authorizes said Funeral Home to handle, possess and arrange for cremation at MORGAN CREMATION SERVICES and disposition of such remains. Authorization is further given to the above crematory to cremate said remains.

The undersigned have/have not made arrangements for viewing or service to be conducted prior to the cremation and if so, such date of viewing or service is on ______________________ to be followed by cremation. In the case of no viewing or service, cremation shall take place upon receipt of the remains by the crematory.

The following items of value, if any shall be placed with the deceased's remains and shall be disposed of as follows:

The final disposition of the cremated remains shall be:
( ) Release to ( ) Ship to ( ) Other__________________________

It is understood that unless arrangements have been made for the final disposition of the cremated remains, the Crematory may after 30 days, return the cremated remains to the authorizing agent, or if not possible, may after 60 days, at the expense of the authorizing agent, dispose of the cremated remains in a manner permitted by law.

The undersigned represents that the death of the decedent did/did not occur as a result of disease declared by the Illinois Department of Public Health to be infectious, contagious, communicable or dangerous to public health. Type of disease if any:

It is understood that cremation can not take place if a pacemaker or other material or implant is present in the deceased an it is hereby represented that such device or material exists they are described as follows:__________________________ and the Funeral Home is hereby authorized to remove and dispose of such devices or materials prior to cremation. ________________________ (initial)

Because of the possibility of damage to the retort the Crematory reserves the right to remove and destroy all handles, gloss furnishings, casket lids or any other items on the outside of caskets used for cremation.

The undersigned hereby indemnify and release the Crematory, Funeral Home and their employees and agents from any and all mis-identity of the deceased and the presence of pacemakers or other materials or implants.

The Funeral Home warrants that the human remains released to the Crematory are the same as those identified herein.

Signature of Authorizing Agent | Print Name | Relationship | Date
---|---|---|---
Address | | Telephone Number |
Signature of Authorizing Agent | Print Name | Relationship | Date
Address | | Telephone Number |
Signature of Funeral Home Representative | Print Name | License Number |
WEST SUBURBAN FUNERAL HOME & CREMATION SVCS. 39 N. CASS AVE WESTMONT IL. 60559
Name, Address and Telephone Number of Funeral Home

NOTARY: Subscribed and sworn before me this ________________________ day of ________________, 20___.
My Commission Expires ________________________