

# *WEST SUBURBAN*

## **FUNERAL HOME & CREMATION SERVICES**

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  
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# WEST SUBURBAN

FUNERAL HOME & CREMATION SERVICES

ANTHONY P. CAPPETTA

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## 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
- ☐ Next 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.

# FAMILY WORKSHEET

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  
Shirt  
Underclothes  
Socks  
Tie  
Shoes or Slippers  
Dentures  
Glasses

Women  
Dress  
(High collar/long sleeves)  
Underclothes  
Hose  
Shoes or Slippers  
Dentures  
Glasses  
Jewelry

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# OBITUARY WORKSHEET

NEE

(First and Last Name)

(Maiden Name)

BELOVED

WIFE  
HUSBAND

OF

(If wife, please include maiden name)

LOVING

MOTHER  
FATHER

OF

(Oldest to youngest, including spouses and last names)

CHERISHED

GRANDMOTHER  
GRANDFATHER

OF

(Oldest to youngest, including spouses and last names (if desired))

GREAT

GRANDMOTHER  
GRANDFATHER

OF

(Oldest to youngest, including spouses and last names (if desired))

DEAR

SISTER  
BROTHER

OF

(Oldest to youngest, including spouses and last names (if desired))

FOND

AUNT  
UNCLE

OF

(Oldest to youngest, including spouses and last names (if desired))

MEMORIAL CONTRIBUTIONS TO

WOULD BE APPRECIATED.

Chicago Sun-Times

Chicago Tribune

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 copied of the death certificate, please call us and we will be happy to obtain them for you.*

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FUNERAL HOME & CREMATION SERVICES

ANTHONY P. CAPPETTA

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## 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 and 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
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Address	Telephone Number
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Signature of Authorizing Agent	Print Name	Relationship	Date
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Address	Telephone Number
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Signature of Funeral Home Representative	Print Name	License Number	
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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 \_\_\_\_\_