



William E. Sucharski, Supervisor

# DELAWARE VALLEY CREMATION CENTER

Since 1991

7350 State Road • Philadelphia, PA 19136 • Phone: (215) 543-9339 • Fax: (215) 708-8022  
www.delvalcremation.com

## ARRANGEMENT REGISTRATION

(Please print or type)

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

*(The following information is necessary for completion of the death certificate at the time of death.  
All information is kept strictly confidential.)*

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: (City): \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security # *(Please leave blank. We will contact you to obtain SS#.)*

Education Level: (Number of years completed) \_\_\_\_\_

Usual Occupation: (even if now retired) \_\_\_\_\_ Kind of Business/Industry \_\_\_\_\_

Last employer address: \_\_\_\_\_

Armed Forces Veteran: yes  no  If yes, branch/rank: \_\_\_\_\_

Service #: (Please enclose copy of discharge papers) \_\_\_\_\_

Marital Status: Never Married  Married  Divorced  Widowed

Surviving Spouse's Name: (Give maiden name if spouse is wife) \_\_\_\_\_

Father's Name: (even if deceased) \_\_\_\_\_

Mother's Name: (even if deceased) (give maiden name) \_\_\_\_\_

Please send me information on Service Pre-payment

Next of Kin or Person Responsible: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Alternate Person Responsible: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

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Place Death Notice in: \_\_\_\_\_ Dates: \_\_\_\_\_

Place Death Notice in: \_\_\_\_\_ Dates: \_\_\_\_\_

Info for Death Notice and/or Obituary:

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Cremation Container Selection: \_\_\_\_\_

Urn Selection(s): \_\_\_\_\_

Optional Merchandise: (Register Book, Prayer Cards, Acknowledgement Cards, Life Tribute, Flag Case, etc.)

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

Clergy/Interment: \_\_\_\_\_

\_\_\_\_\_

Optional Services: (Scattering, Shipment, etc.) \_\_\_\_\_

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

Number of Death Certificates Needed: \_\_\_\_\_

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Additional Paperwork / Services: \_\_\_\_\_

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