

Funeral Service Record Sheet

Amount of Death Certificates needed:

Arrangements

No. _____

Date _____

FULL NAME OF DECEASED _____

Date of Death _____

Place of Death _____ County: _____

(If Death Occurred in Hospital or Institution, give name If in a rural area,
give location and length of residence in City or state immediately prior to death)

Residence No. _____

(Usual Place of Abode of Deceased)

City _____ State _____ Country _____

Date of Birth (Month) _____ Day _____ Year _____ Sex _____

Age(Years) _____ (Months) _____ (Days) _____

Place of Birth:(City) _____ (State) _____ (Country) _____

Marital Status: *Single (Never Married) *Married *Married but Separated *Divorced *Widowed

If Married: Husband of (or) Wife of _____

(Give Maiden Name of Wife)

Father's Name _____ Mother's Maiden Name _____

Deceased's Occupation _____ Physician _____

Employer _____ Address _____

Veteran(What war) _____ Serial Number _____

Social Security #(or account #) _____ Grade Level Completed _____

Informant _____

Relationship _____

Address _____

Phone _____

Date of Wake/Viewing _____ Time _____

Place of Wake/Viewing _____

Date of Funeral _____ Time _____

Place of Funeral _____

Cemetery _____

Grave # _____ Row # _____ Range # _____ Section # _____

Lot Owner _____ Permit # _____

Type of Disposition _____

Authorization For: Removal/ Embalming/ Preparation

The undersigned hereby authorized the release to, and requests Frantz Daniel Jean Funeral Services Inc. at 5020 Foster Avenue, Brooklyn, New York 11203, including its agents, to remove and embalm(if necessary), care for and prepare for disposition, the remains of

FULL NAME OF DECEASED_____

In accordance with its customary practices. The undersigned attest that he/she has the legal authority to take this action.

Date:_____

Print:_____

Relationship:_____

Address:_____

Signature:_____

If authorization is oral, Complete the following;

Verbal authorization received from:_____

Address:_____

Relation to deceased:_____

Received by:_____

Date and Time received:_____

For Frantz Daniel Jean Funeral Services Inc.



Frantz Daniel Jean

Funeral Services Inc.

5020 Foster Avenue, Brooklyn, NY 11203 Tel: (718) 613-0228 Fax: (718) 451-1096 Email: Fdjfuneralservices@gmail.com

Date: _____

Reference: _____
(Name Of Deceased)

This is to confirm that the information given by _____,
(Informant Name)

to complete the death certificate of _____
(Deceased Name)

has been verified by _____.
(Informant Name)

I, _____, the informant, understand if a change
is to be made after verification and the registration of the death certificate has been completed,
there will be charges for the amendment from both the Department of Health and the Funeral
home.

Print Name: _____

Signature: _____ Date: _____

Licensed Funeral Director Name: Timothy Jean

AT NEED WRITTEN STATEMENT OF PERSON HAVING THE RIGHT TO CONTROL DISPOSITION

I, _____

Hereby represent and assert that I am entitled to control the disposition of the remains of

I further represent that I am the person having priority to control the disposition in accordance with subdivision 2 of section 4201 of the NYS Health Law. The order of priority set forth in subdivision 2 of Section 4201 of the NYS Health Law is the following:

**PERSON DESIGNATED IN WRITTEN INSTRUMENT;
SPOUSE;
DOMESTIC PARTNER;
ANY CHILD(18 OR OLDER);
ANY BROTHER OR SISTER 18 OR OLDER;
AUTHORIZED GUARDIAN;
PERSON 18 OR OLDER NOW ELIGIBLE TO RECEIVE AN ESTATE DISTRIBUTION;**

IN THE FOLLOWING ORDER;

**GRANDCHILDREN;
GREAT-GRANDCHILDREN;
NIECES AND NEPHEWS;
GRAND NIECES AND GRAND NEPHEWS;
GRANDPARENTS;
AUNTS AND UNCLES;
FIRST COUSINS;
GREAT GRANDCHILDREN OF GRANDPARENTS;
SECOND COUSINS;**

- Fiduciary;
- Close friend or other relative who is reasonably familiar with the decedent's wishes, including his or her religious or moral beliefs, when no one higher on this list is available, willing, or competent to act; (NOTE: this person must complete an "At-Need Written Statement of person having the right to Control Disposition "Form")
- Public Administrator (or the same official in a county not having a public administrator); or, anyone willing to act on behalf of the decedent who completes the "At-Need Written Statement" form.

I also have no knowledge that decedent executed a will containing directions for the disposition of his or her remains, or designated an agent by executing a written instrument pursuant to section 4201 of the New York State Public Health Law.

Sign : _____

Signature of "Person other than Agent"



Frantz Daniel Jean
Funeral Services Inc.

5020 Foster Avenue, Brooklyn, NY 11203 Tel: (718) 613-0228 Fax: (718) 451-1096 Email: Fdjfuneralservices@gmail.com

Website Agreement

(Please Check a box)

Date: _____

Decedent: _____

Authorizer: _____

I agree that the itinerary of the funeral of my loved one may be posted on www.Fdjfuneralservices.com after the arrangements are complete. This will allow for people to see the location of the funeral and cemetery details unless the family instructs the funeral home to edit out certain information. The site allows for people to leave comments, posts photos, etc. The funeral home will not be responsible for what is posted.

I opt to not have the details of the funeral of my loved one posted on www.Fdjfuneralservices.com.

Signed: _____