## GEORGE S. HASSLER FUNERAL HOME 980 BENNETTS MILLS ROAD PO BOX 1326 JACKSON TWP., NJ 08527 (732)364-6808 FAX (732)364-8592

Email: contact@hasslerfuneralhome.com

GEORGE S. HASSLER OWNER & DIRECTOR NJ LIC. NO. 3193

BRIAN T. HASSLER MANAGER NJ LIC. NO. 4054

GARY T. BOWCOCK DIRECTOR NJ LIC. NO. 3385

Kindly complete the following information (please print):

AT NEED OR PRENEED INFO					
Name		(m	aiden name if applicable)		
Home Address					
City/Town	State	Zip _	County _		
How long at this address					
Social Security Number					
Date of Birth	Place of Birth				
Father's Name				_ Living	_ Deceased
Mother's Name	Maiden Name		_ Living _	_ Deceased	
MARITAL STATUS AT TIME	OF DEATH:				
Never Married		D	omestic Partnership	; Widowed	l
Married No. of years	Widowed	Name of	spouse, year of passing		
Married but Separated	Unknown; Widowed				
Spouse's Social Security Number			Date of Birth		
<b>EDUCATION:</b>	HISPANIC ORIGIN?	:	RACE:		
Highest degree or level of	Check 1 or more that be		Check 1 or more to	indicate wha	at race the
school completed at time	describe if decedent is		decedent considered		
of death.	Spanish/Hispanic/Latino	<b>)</b> .	White		
Grade 8 or less	Check "No" if decedent		Black or African	American	
Grade 9-12; no diploma	not Spanish/Hispanic/L		American Indian		lative
High school graduate or GED			Asian Indian		
Some college credit, no degree		an	Chinese		
Associate degree ( AA,AS)			Other Asian (Spec		
Bachelor's degree (BA,AB,BS)			Native Hawaiian		
Master's degree(MA,MS,MEd,MSW			Samoan	Guamam	ian of Chamoro
Doctorate (PhD, EdD) or			Other Pacific Isla	ndor (Snaci	f <sub>v</sub> )
				_	- ·
Professional degree (MD,DDS,JD)	mispanic/Launo		_Other (Specify)_		
U. S. CITIZEN: (yes)	(no)				
EMPLOYMENT HISTORY:					
Current (or last) employer and loc	ation				
Occupation				long	
Retired (yes) (no) Date ret	ired	(	Other significant empl	loyers, locat	tions and how
long,					
<b>MILITARY HISTORY:</b>					
Veteran (yes) (no)	Branch of Service		Ra	ınk	
(We will need a copy of the Milita					
(we will need a copy of the Millia	ily Discharge, DD211, ov	our side	s prease.)		
RELIGION:					
Church/Synagogue Affiliation:					
CLUBS/ORGANIZATIONS:					

SURVIVORS:	M. Y. I. AV			
Please list name and location, example: Robert Sr	mith, Jackson, NJ.  e if applicable Location			
	Location			
	Location			
	Location			
Tutomai grandparoms				
Sons & Spouses & Their Locations:	Daughters & Spouses & Their Locations:			
	- <u> </u>			
	-			
	-			
Brothers & Spouses & Their Locations:	Sisters & Spouses & Their Locations:			
	-			
	-			
Other Survivors & Their Locations:	-			
Number of Grandchildren, Great grandchil	dran Graat graat grandshildran			
Number of Grandenharen, Great grandenharen	dien, Great grandenndren			
MEMORIAL DONATIONS:				
Informant (next of kin)				
Address				
City/ I own	StateZip			
RelationshipH	Home Phone Date			
E-mail:				
OLOTHING SUGGESTIONS.				
CLOTHING SUGGESTIONS:  MEN: A suit or sport jacket with shirt and tie	WOMEN: A dress or pant suit			
Shoes and socks	Shoes and knee highs			

Shoes and socks

A full set of undergarments

Dentures and /or glasses, if applicable

Shoes and knee highs
A full set of undergarments

Dentures and /or glasses, if applicable

A recent picture, if possible, would be of assistance to the hairdresser (women).

Glasses, jewelry, pictures, etc. may be brought in for the viewing or service ahead of time, or at the time of arrangements (family wishes dictate).

If there is a cemetery deed available or a grave/crypt location, please bring this paperwork with you for arrangements. We will need the original deed for some cemeteries in northern NJ and ALL out-of-state cemeteries.

If using the Veterans Cemetery, Arneytown, please keep in mind that they will accept only one (1) flower arrangement. You may want to suggest memorial donations in lieu of flowers.