

SAMUEL TEOLIS FUNERAL HOME AND CREMATORY, INC.  
309 SPRING AVE., P.O.BOX 113  
ELLWOOD CITY, PA 16117  
PHONE 724-758-3222, FAX 724-752-1914

Samuel A.Teolis  
Supervisor

Carmella Teolis  
Funeral Director

## Funeral Arrangement Form Download.

Full Name - \_\_\_\_\_  
(Include any "nick-names" you wish to go by.)

Age- \_\_\_\_\_ Date of Birth- \_\_\_\_\_ Place of Birth- \_\_\_\_\_  
(City, State)

Maiden Name- \_\_\_\_\_

Legal Address - \_\_\_\_\_  
(City, State, Zip Code)

Social Security Number- \_\_\_\_\_

Father's Name- \_\_\_\_\_

Mother's Name- \_\_\_\_\_  
(Current and Maiden Name)

Marital Status- \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
(Maiden name if Female)  
Date of Marriage- \_\_\_\_\_

Highest level of Education- \_\_\_\_\_

Year of Highschool Graduation (if applicable) - \_\_\_\_\_

Schools Attended- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment History- \_\_\_\_\_

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Church Affiliation (if applicable) - \_\_\_\_\_

\_\_\_\_\_  
(Name and City of Church)

Preferred Clergy for Funeral Service- \_\_\_\_\_

\_\_\_\_\_  
(Name and Phone Number)

Groups/Clubs/Organizations in which you belong to- \_\_\_\_\_

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Hobbies/Interests/Personal Statements- \_\_\_\_\_

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Memorial Contributions in your name should go to- \_\_\_\_\_

\_\_\_\_\_  
(Name and Address of organization)

Preferred Hairdresser (if Applicable)- \_\_\_\_\_  
(Name and Phone Number)

Primary Care Physician - \_\_\_\_\_  
(Name and Phone Number)

Healthcare Provider- \_\_\_\_\_  
(Company Name)

Is the individual whom these arrangements are for, a veteran or married to a veteran? \_\_\_\_

**If yes**, please attach a copy of the veteran's DD214 (discharge papers) with this form when you submit it to us, if possible.

Is there any pensions or life insurance that will need to be notified?

If yes, please give the Company name, phone number and policy numbers

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

In your **own words** please explain what kind of service you would like and what final disposition wishes you have.

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Survivors:

Daughters and Their Spouses-

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(Included city in which they reside)

Sons and Their Spouses-

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Brothers and Their Spouses-

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Sisters and Their Spouses-

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Grandchildren and Their Spouses-

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Great-Grandchildren-

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Great-Great Grandchildren-

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Nieces/Nephews/Other Relatives-

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Friends/Companions/Pets-

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Preceded in death by-

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(Please include relation)

To submit this form please, print, fill out and either send through the mail, or drop it off at our office located on the Pittsburgh Circle side of 309 Spring Ave., Ellwood City, PA 16117.

If you have any questions concerning this form please feel free to call us at (724)758-3222.