

# *Betz-Jastremski Funeral Home Inc.*

Robert J. Jastremski Supervisor

Telephone ( 570 ) 287-0293

568 Bennett St.  
Luzerne, Pa. 18709

**Phone:** \_\_\_\_\_

**Date Died** \_\_\_\_\_

**Name:** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

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

**City / Twp.** \_\_\_\_\_ **County** \_\_\_\_\_

**State:** \_\_\_\_\_ **Residence:** \_\_\_\_\_ **In-Patient** \_\_\_\_\_

**Place of Death:** \_\_\_\_\_

**Formally of:** \_\_\_\_\_

**Date Born:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Mother:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Spouse** \_\_\_\_\_

**Date Married:** \_\_\_\_\_ **Date Died** \_\_\_\_\_

**Education:** \_\_\_\_\_

**Employment:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Year Retired** \_\_\_\_\_

**Veteran:** \_\_\_\_\_ **Branch of Service** \_\_\_\_\_ **Rank** \_\_\_\_\_

**Service No.** \_\_\_\_\_ **Dates of Service** \_\_\_\_\_

**Date and Place of Entry:** \_\_\_\_\_

**Date and Place of Separation:** \_\_\_\_\_

**Honors / Commendations:** \_\_\_\_\_

**Religious Affiliation:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Precedents:** \_\_\_\_\_

**Parent(s):** Alive \_\_\_\_\_ **Deceased** \_\_\_\_\_

Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grandchildren: \_\_\_\_\_ Great-Grand \_\_\_\_\_ Great-Great \_\_\_\_\_ Nieces/ Nephews \_\_\_\_\_  
Brothers: \_\_\_\_\_  
\_\_\_\_\_

Sisters: \_\_\_\_\_  
\_\_\_\_\_

**Funeral Service:**

Funeral Home: \_\_\_\_\_ Mass: \_\_\_\_\_ Grave Side \_\_\_\_\_ Memorial Service: \_\_\_\_\_  
Day: \_\_\_\_\_ Date: \_\_\_\_\_ Times: \_\_\_\_\_  
Place: \_\_\_\_\_  
Clergy: \_\_\_\_\_ Officiating. \_\_\_\_\_  
Organist: \_\_\_\_\_ Songs: \_\_\_\_\_

**Disposition**

Interment: \_\_\_\_\_ Entombment \_\_\_\_\_ Cremation: \_\_\_\_\_ Direct: \_\_\_\_\_ Viewing: \_\_\_\_\_  
Cemetery: \_\_\_\_\_ Crematory: \_\_\_\_\_  
Date: \_\_\_\_\_ Address: \_\_\_\_\_  
Lot Owner: \_\_\_\_\_ Plot: \_\_\_\_\_ Sec. \_\_\_\_\_ Grave: \_\_\_\_\_  
Viewing: \_\_\_\_\_ Privet: \_\_\_\_\_ Public: \_\_\_\_\_ Casket Opened: \_\_\_\_\_  
In Lieu of Flowers: \_\_\_\_\_

Informant's Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Work No.: \_\_\_\_\_  
Physician / Coroner: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Arrangements By: \_\_\_\_\_  
Notes" \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_