THE IRA KAUFMAN CHAPEL

PREARRANGEMENT FORM

Bringing Together Family, Faith and Community

Funeral arrangements for: (First)_____ (Middle)_____ (Last)_____

Hebrew Name: _____Social Security # _____

Legal Address: _____

Date of Birth: _____City & State of Birth: _____Last Degree of Education:_____

Occupation: (may not use "retired"): _____USA Veteran? Y/N_ Branch_____

Marital Status:_____ Spouse's Name (Include **Maiden** Name):_____

Decedent's Father's Name: (First, Middle Last; **Country of birth**)

_____

Decedent's Mother's Name: (First, Middle, **Maiden**; **Country of birth**)

_____

Is there a reserved plot at a cemetery? Y/N ___Name of Cemetery:_____

Preference of a Rabbi or which Congregation:_____

# of Death Certificates: __ JNews Publication: Y/N_____ Free Press/Detroit News:Y/N?_____

Any Other Publications?_____

Charities to be Listed on our Website (up to 4)_____

Legal Next of Kin (first, middle, last name): _____

Full Address, Phone #, Email:

_____

Family Members to be listed on IKC Website and/or Newspapers:

_____
_____
_____
_____
_____