

Toppitzer Funeral Home, Inc. Joan M. Hagan - Supervisor 2900 State Road

2900 State Road Drexel Hill, PA 19026 (610) 259-1111

Date:				
Name:	Nickname:			
Legal Mailing Address	s: _(used for proba	ate purposes))	
Township/Boro:	County:			
	Date of Birth: Social Security:			
Race:				
Occupation/Former O	Occupation :		(not retired)	
Company:	Type of Business:			
Highest Education:	Marital Status	s: Never Ma	arried, Married, Widowed, Divorced	
Veteran:; Branc	ch of Service:		; wartime/ or era:	
Spouse (if wife, maide	en name):		surviving: y n	
Father:			surviving y or n	
Mother (include maide	en name):		surviving y or n	
Next of Kin/Guardian:	:			
Address:				
Relationship:	Phone:	cell:	Email:	
Church or Clergy:	Contact Phone:			
Cemetery:	Lot owner:			
Section:	Lot:	Grave:		
Executor/Executrix or	POA:			
Insurance Company:			Phone:	
Policy #:	Be	eneficiary:		
If applicable Benefici	ary date of birth:_	Soc	cial security #	

Following information is used to compile an obituary for newspaper, clergy and/or website This information will not be used or shared without prior discussions with family.

Surviving Children in order	Address/Phone/Email		
Surviving Brothers and Sisters	Address/Phone/Email		
Number of grandchildren:	Number of great-grandchildren:		
Childhood residence:	; years at present residence;		
Former residence:	and years		
Education: High School:	, year of graduation		
College: ye	ear and degree		
Last employer:	Retired year:Years worked:		
Previous employers:			
Organizations and positions held:			
-	d:		
Hobbies, items of interest:	······································		
Military citations:			