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OBITUARY FORM

Name _____ *Age* _____

Current Residence _____ *How Long* _____

Formerly of _____ *How Long* _____

Other Places of Residency _____

Present Occupation _____ *How Long* _____

Address _____ *Type of Business* _____

Former Employees _____

If Veteran What War and Dates _____

Organizations _____

Churches _____

Favorite PastTimes _____

Survivors _____ *Predeceased* _____

Husband or Wife _____ *Number of Years Married* _____

Daughters _____

Sons _____

Sisters _____

Brothers _____

Grandchildren _____

Great Grandchildren _____

Nieces _____ *Nephews* _____ *Cousins* _____

Place of Services _____ *Day and Time* _____

Cemetery _____ *Clergy* _____

Send Memorial Contributions To _____
