Top of Form

**SD Nari**

The emotional aspect of dealing with a bereavement – even one that was expected – can be devastating, but when you start thinking about the practicalities of what to do next it can become even more stressful and overwhelming. It can be very easy to over complicate the process and get lost on your journey.

SD Nari is here to outline the main areas you'll need to cover from the day your loved one passes away to living life as the “New Normal”.

We can help to untangle your thoughts and give you some direction and structure to what lies ahead by showing you the key points to consider along the way.

**\*Required for death certificate**

* **Name of Departed: First Middle Last Name: \***
* **Address: \***

**Street:**

**Apt:**

**State & Zip:**

* **Phone: \***

* **Email**: **\***
* **Date of Birth: MM /DD/YYYY:** \*
* **Place of Birth: \***
* **Marital Status: \***
* **Spouse's Name: First Last: \***
* **Father's Name: First Last\***
* **Father's Birthplace: \***
* **Mothers’ Name: First Last\***
* **Mother's Birth Place: \***
* **Mother's Maiden Name: \***
* **Deceased Occupation: \***
* **Employer: \***

***(Required for Priest services)***

* **Deceased Family info: Sons Names: \***
* **Deceased Family info: Sons Nakshatra & Gothra: \***
* **Deceased Family info: Daughters Names : \***
* **Deceased Family info: Daughters Nakshatra & Gothra : \***
* **Deceased Family info: Brothers Names: \***
* **Deceased Family info: Sisters: Names \***
* **Deceased Family info: Grandchildren Names: \***
* **Deceased Family info: Great Grandchildren Names: \***

*(Required for death certificate)*

* **Military Veteran: \***
* **Branch of Service:**

Not in Service  Army Navy  Air Force  Marines  Coast Guard

* **Copy of Discharge Papers:**
* **Serial Number**:
* **Discharge on File at:**
* **Person in Charge of Final Arrangements**: **\***
* **Person in Charge of Final Arrangements Relationship: \***
* **Person in Charge of Final Arrangements Mailing Address: \***
* **Street: \***
* **Apt:**
* **City**: **\***
* **State: \***
* **Zip: \***
* **Person in Charge of Final Arrangements Phone: \***
* **Person in Charge of Final Arrangements Email:** **\***
* **Preferred Place of Service: \***

**Funeral Home  Church Cemetery**

* **Special Requests:**
* **Religious Denomination: \***
* **Place Of Worship: \***
* **Disposition Requested: \***

**Burial  Cremation  Mausoleum  Other  At Sea**

* **Cemetery preference and Section: \***
* **Other Instructions: \***

 **I/We hereby give permission to SD Nari to work with the required agencies /vendors to help coordinate/facilitate final rites and services to our dearly departed family member. SD Nari members work on a volunteer basis.**

**SD Nari is a non-profit organization and its board, committee volunteers’ function in accordance with its published Policies and Guidelines.**

**Neither SD Nari & its board, committee or volunteer members, nor the member and his/her family who accepts the services of SD Nari shall under any circumstances be held liable to other for any direct, indirect, punitive, cost, losses, expenses and damages whatsoever and howsoever arising in any event. SD Nari and its board, committee & volunteers’ members will not be a part of any third-party claims.**

**We are here to support you & your family during this stressful time.**

---------------------------------------- -------------------------------------

**Signature of Person in Charge Signature of family member**

