



Chicago Department of Aviation
Cemetery Family Assistance Office
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Chicago, IL 60666
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IDENTIFICATION FORM

It has been our practice to make every effort to confirm the identity of each family's loved one buried in St. Johannes Cemetery. Please assist us by providing information you may have regarding the following items.

Name of Deceased: _____ Age at Death: _____

Date of Birth: _____ Date of Death: _____ Sex: Male / Female (*Circle One*)

Cause of Death: _____ Occupation: _____

Height: _____ (*if unknown, please circle: short / average / tall*)

Weight: _____ (*if unknown, please circle: small / average / large*)

Was the Deceased a U.S. War Veteran: Yes / No (*Circle One*)

If Yes, Identify War or Conflict: _____

Check item(s) your loved one may have had:

Surgery Joint Replacement Arthritis Physical Deformities

Broken Bone/Joint Artificial Limbs Dentures/Gold Teeth

Amputation Prosthetics (i.e., braces, trusses, glass eye)

Other Identifying Characteristics: _____

Check item(s) buried with your loved one:

Bible/Book Eyeglasses Tobacco Pipe Toys

Cane Cross Watches Badge/Military Medal

Jewelry: _____

Other item(s) not mentioned: _____

Please explain items checked: _____

What was your loved one wearing when buried? (*Please be specific*)

Type of Casket: Wood Metal

Type of Outer Burial Container: Concrete Metal