



Chicago Department of Aviation
Cemetery Family Assistance Office
P.O. Box 66848
10510 W. Zemke Rd
Chicago, IL 60666
Office: (773) 686-5136
Fax: (773) 462-7483
Email: SJFA@CityofChicago.org

Questionnaire
PART I – GRAVE AND BURIAL INFORMATION

DECEASED INFORMATION

Deceased Name: _____
Date of Death: _____
Date of Birth: _____
Special status of deceased - U.S. War Veteran: Yes / No

EXISTING MARKER INFORMATION

Marker Type: _____
Marker Material: _____
Marker Color: _____
Condition of Marker: _____
Marker Inscription: _____
Additional Names on Marker: _____
Is Existing Marker Readable: _____
Number of Persons Commemorated on Marker: _____
Engraved Design/Motif: Yes / No

REPLACEMENT CEMETERY INFORMATION

Selected Replacement Cemetery: _____
Address: _____
Telephone Number: _____
Additional Comments: _____

SPECIAL INSTRUCTIONS FOR DISINTERMENT/REINTERMENT PROCESS

Graveside Service desired (Please Circle): Disinterment / Reinterment
Name of Clergy or Designated Leader: _____
Address: _____
Telephone Number: _____
Do you wish to be present during Disinterment: Yes / No
Do you wish to be present during Reinterment: Yes / No

PART II – NEXT OF KIN INFORMATION

SURVIVING RELATIVE INFORMATION

Family Representative (Person Providing Information)

Name: _____

Address: _____

Telephone number: _____

Relationship to Deceased: _____

Additional Surviving Relative

Name: _____

Address: _____

Telephone number: _____

Relationship to Deceased: _____

Additional Surviving Relative

Name: _____

Address: _____

Telephone number: _____

Relationship to Deceased: _____

For additional surviving relatives, please attach separate list:

SUPPORTING DOCUMENTATION

Please check all that apply:

- Family Tree and/or Bible
- Birth, marriage and death certificates
- Obituaries
- Letters; other documents

- Court, land or probate records
- Military records
- Newspapers articles or other publications
- Photos

***Do not submit any original documents to the Family Assistance Office**

Signed: _____

Date: _____

Additional information provided: _____

