

DATE: \_\_\_\_\_

## QUEALY FUNERAL WORKSHEET

<b>DECEDENT INFORMATION:</b>					
First Name	Middle Name	Last Name	Malden Name	Gen Suffix	Sex
Surname at birth or adoption		Date of Birth	Age	Date of Death	Social Security Number
Place of Birth: <i>[City/Town, State, Country (if Canada, include Province)]</i>			Place of Death	<input type="checkbox"/> Unknown	
Residence Address: <i>(Street Number and Name, Apt #, City/Town, State/Province, Zip Code, Country)</i>					
<b>DECEDENT'S MARITAL STATUS:</b>			<b>VETERAN:</b>		
<input type="checkbox"/> Married	<input type="checkbox"/> Married But Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Yes	Branch:	Discharge documents
<input type="checkbox"/> Divorced	<input type="checkbox"/> Never Married	<input type="checkbox"/> Unknown	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	provided?
<b>DECEDENT'S LAST SPOUSE INFORMATION:</b>					
First Name	Middle	Last Name	Gen Suffix	Malden Name	<input type="checkbox"/> Unknown
<b>DECEDENT'S PARENT INFORMATION:</b>					
Father: First Name	Middle	Last Name	Name at Birth or Adoption	Gen Suffix	State/Province and Country of Birth
Mother: First Name	Middle	Last Name	Name at Birth or Adoption	State/Province and Country of Birth	
<b>DECEDENT'S ETHNICITY AND RACE:</b>			<b>DECEDENT'S OCCUPATION AND INDUSTRY:</b>		
<b>DECEDENT'S EDUCATION LEVEL</b>					
<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> HS Grad or GED	<input type="checkbox"/> Certificate	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Doctorate/PhD	
<input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade	<input type="checkbox"/> Some College/no degree	<input type="checkbox"/> Associate's (2 yrs)	<input type="checkbox"/> Master's	<input type="checkbox"/> Unknown	
<b>INFORMANT'S INFORMATION:</b>					
First Name	Middle	Last Name	Gen Suffix	Relationship to Decedent	
Mailing Address <i>(Street Number and Name, Apt #, City/Town, State/Province, Zip Code, Country)</i>					
Home Phone		Cell Phone		eMail Address	

NOTES:

## QUEALY FUNERAL WORKSHEET

**Decedent's Ethnicity:** Information about ethnicities help researchers understand more about genetic conditions, cultures, and locations of existing and new ethnic communities that may affect the availability of quality care services and medical programs.

Ethnic background(s)...*Can choose more than one*

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> African (specify) _____</li> <li><input type="checkbox"/> African-American</li> <li><input type="checkbox"/> American</li> <li><input type="checkbox"/> Asian Indian</li> <li><input type="checkbox"/> Brazilian</li> <li><input type="checkbox"/> Cambodian</li> <li><input type="checkbox"/> Cape Verdean</li> <li><input type="checkbox"/> Caribbean Islander (specify) _____</li> <li><input type="checkbox"/> Chinese</li> <li><input type="checkbox"/> Columbian</li> <li><input type="checkbox"/> Cuban</li> <li><input type="checkbox"/> Dominican</li> <li><input type="checkbox"/> European (specify) _____</li> <li><input type="checkbox"/> Filipino</li> <li><input type="checkbox"/> Guatemalan</li> <li><input type="checkbox"/> Haitian</li> <li><input type="checkbox"/> Honduran</li> <li><input type="checkbox"/> Japanese</li> <li><input type="checkbox"/> Korean</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Laotian</li> <li><input type="checkbox"/> Mexican, Mexican American, Chicano</li> <li><input type="checkbox"/> Middle Eastern (specify) _____</li> <li><input type="checkbox"/> Native American (specify tribal nation) _____</li> <li><input type="checkbox"/> Portuguese</li> <li><input type="checkbox"/> Puerto Rican</li> <li><input type="checkbox"/> Russian</li> <li><input type="checkbox"/> Salvadoran</li> <li><input type="checkbox"/> Vietnamese</li> <li><input type="checkbox"/> Other Asian (specify) _____</li> <li><input type="checkbox"/> Other Central American (specify) _____</li> <li><input type="checkbox"/> Other Pacific Islander (specify) _____</li> <li><input type="checkbox"/> Other Portuguese (specify) _____</li> <li><input type="checkbox"/> Other South American (specify) _____</li> <li><input type="checkbox"/> Other ethnicity(ies) not listed (specify) _____</li> <li><input type="checkbox"/> Not Obtainable</li> <li><input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Refused</li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Decedent's Race:** Information about race helps researchers understand more about death rates, health conditions and other factors relating to race that may affect health service needs in Massachusetts communities.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian/Alaska Native/Native American</li> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> Black</li> <li><input type="checkbox"/> Guamanian or Chamoro</li> <li><input type="checkbox"/> Not Obtainable</li> <li><input type="checkbox"/> Refused</li> <li><input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Other (specify) _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Hispanic/Latino/Black</li> <li><input type="checkbox"/> Hispanic/Latino/White</li> <li><input type="checkbox"/> Hispanic/Latino/Other (specify) _____</li> <li><input type="checkbox"/> Native Hawaiian</li> <li><input type="checkbox"/> Samoan</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Other Pacific Islander (specify) _____</li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Decedent's Certificate Race** (as it will appear on death certificate)

**Prayer Card:**

Front \_\_\_\_\_

Back \_\_\_\_\_

**Ack Cards & Qty** \_\_\_\_\_

**Registry Book** \_\_\_\_\_

**Video:**       Yes    No

**Webcast:**    Yes    No

**Cremation:**

Duxbury    Attleboro

**Burial:**

Casket    Urn

**Cemetery:** \_\_\_\_\_

**Services:**

**Visitation:**  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Funeral Service:**  
Location \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Burial:**  
Date: \_\_\_\_\_ Time: \_\_\_\_\_