

**NEW ENGLAND  
FUNERAL & CREMATION CENTER**

Springfield, Massachusetts 01108  
413-733-1522  
888-636-1522  
www.nefcc.net



CASE NUMBER

Name \_\_\_\_\_ Age \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Death \_\_\_\_\_ Hour \_\_\_\_\_

Arrangement Appointment Date \_\_\_\_\_ Time \_\_\_\_\_  Funeral Center  Residence

Funeral Director \_\_\_\_\_  Telephone  Other \_\_\_\_\_

**VITAL STATISTICS**

DECEASED'S ADDRESS		CITY	STATE	COUNTY	ZIP CODE
PLACE OF DEATH		CITY	STATE	COUNTY	ZIP CODE
SEX	RACE	MARTIAL STATUS <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Married-Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown			
BIRTHPLACE (CITY, STATE)		CITIZEN	LAST NAME AT BIRTH		
FATHER'S NAME		BIRTHPLACE (CITY, STATE)	MOTHER'S FIRST/ LAST NAME AT BIRTH/ LAST NAME BIRTHPLACE (CITY, STATE)		
DECEASED'S OCCUPATION (PRIOR TO RETIREMENT)		EMPLOYER/KIND OF BUSINESS OR INDUSTRY			
DECEASED'S SOCIAL SECURITY NUMBER		LAST SPOUSE (IF WIFE, FIRST/ LAST NAME AT BIRTH/ LAST NAME)			
IF VETERAN, NAME OF WAR AND BRANCH OF SERVICE			RANK AND SERVICE NUMBER (PROVIDE FORM DD214)		
EDUCATION (DECEASED'S HIGHEST GRADE COMPLETED)			DECEASED'S DATE OF BIRTH		
INFORMANT'S NAME (FIRST, LAST)		RELATIONSHIP TO DECEASED		HOME PHONE	
INFORMANT'S ADDRESS (CITY, STATE, ZIP)				CELL	
				EMAIL	
ADDITIONAL CONTACT NAME (FIRST, LAST)				HOME PHONE	
OTHER COMMENTS				CELL	

## BIOGRAPHICAL INFORMATION

<b>LENGTH OF TIME LIVING HERE</b>	<b>COMING FROM</b>
<b>RELIGION</b>	<b>CHURCH MEMBER</b>
<b>LIST CLUBS, NOTEWORTHY ACHIEVEMENTS, ETC.</b>	

## SURVIVING RELATIVES

<b>FATHER</b>	<b>CITY, STATE</b>
<b>MOTHER</b>	
<b>HUSBAND/WIFE</b>	
<b>SONS</b>	
<b>DAUGHTERS</b>	
<b>BROTHERS</b>	<b>OTHERS: (RELATIONSHIP TO DECEDENT)</b>
<b>SISTERS</b>	
<b>GRANDCHILDREN (No.)</b>	
<b>GREAT GRANDCHILDREN (No.)</b>	



## SHIPPING INFORMATION

**FUNERAL HOME:**

**ADDRESS:**

**PHONE:**

**FUNERAL DIRECTOR'S NAME:**

**FAX:**

**EMAIL:**

**NOTES:**

## CLERICAL INFORMATION

**NO. OF CERTIFIED COPIES:**

**SEND TO:**

**SEND BILL TO:**

**IF ESTATE, ATTORNEY'S NAME:**

BY	ACTION	DATE	BY	DOCUMENTS
	CLERGY NOTIFIED			DEATH CERTIFICATE FILED
	CEMETERY/CREMATORY NOTIFIED			EMBALMER'S AFFIDAVIT FILED
	ORGANIST NOTIFIED			BURIAL PERMIT OBTAINED
	CASKET ORDERED/IN STOCK			CERTIFIED COPIES ORDERED
	URN ORDERED/IN STOCK			CERTIFIED COPIES PROCURED
	VAULT ORDERED			SOCIAL SECURITY
	HEARSE			V.A. FLAG OBTAINED
	LIVERY			V.A. BURIAL ALLOWED APPT. MAILED
	HAIRDRESSER NOTIFIED			STATEMENT MAILED/PRESENTED
	ACTIVE PALLBEARERS NOTIFIED			CLAIM FILED AGAINST
	HONORARY PALLBEARERS NOTIFIED			MEMORIAL CARDS PRINTED
	NEWSPAPER OBIT GIVEN			CHECKS
	NEWSPAPER FUNERAL NOTICE GIVEN			
	POLICE ESCORT ARRANGED			
	MILITARY NOTIFIED			
	FLOWERS			
	WEBSITE-POSTED			
	ONE ROOM STREAMING-POSTED			

**FUNERAL STAFF:**

**MEMORANDA**