

(732) 254-9393



BRUNSWICK MEMORIAL

FUNERAL HOME

"Serving Every Family As Our Own"

Peter Kulbacki, Mgr.
NJ License #3381

MAILING ADDRESS
PO Box 7149
E. Brunswick, NJ 08816-7149

CHAPEL LOCATION
454 Cranbury Road
E. Brunswick, NJ 08816-3675

FUNERAL ARRANGEMENTS WORKSHEET

*Be sure to use **complete, full, LEGAL** names for all entries, and then indicate if there are nicknames or shortened names that are used for newspapers.*

FULL LEGAL NAME

First _____ Middle _____ Last _____

FULL LEGAL RESIDENCE

Maiden _____

Street _____ Town _____

County _____ State _____ Zip _____ How long living in this town? _____ years

Previous lived in towns _____

PHONE NUMBERS Home _____ Cell _____

Work _____ Email Address _____

DATE OF BIRTH ____/____/____ SOCIAL SECURITY # ____ - ____ - ____

PLACE OF BIRTH (Town/State) _____

MARITAL STATUS _____ Spouse's Name (Inc Maiden) _____

Date of Marriage _____ If predeceased, when? _____

EDUCATION (# of years, degree) _____

FATHER' NAME (first/middle/last) _____

MOTHER'S MAIDEN NAME (first/middle/last) _____

OCCUPATION (Most of life) _____ Worked ____ yrs / Retired in _____

EMPLOYER _____ City/State _____

Other Employment Information _____

EVER IN THE U.S. ARMED FORCES AT ANY TIME? Y or N Branch of Service _____

Service Dates _____ Rank _____ Service Related Disability Y or N

Any Honors _____

**** Be sure to get a copy of DISCHARGE PAPERS ****

DISPOSITION: Burial Cremation Entombment Other

PLACE OF DISPOSITION _____ Town/State _____

If Burial, Block _____ Section _____ Row _____ Range _____ Grave(s) _____

Deed in the name of _____ **** Be sure to get ORIGINAL DEED****

PERSON IN CHARGE OF ARRANGEMENTS _____ Relationship _____

Address _____

Home # _____ Cell # _____ Work # _____

Email Address _____

BIOGRAPHICAL INFORMATION (Use both full legal names and also indicate any nicknames)

FULL NAME	SPOUSE'S NAME	COMPLETE ADDRESS
SPOUSE		
SONS		
DAUGHTERS		
PARENTS		
BROTHERS		
SISTERS		

GRANDCHILDREN _____ GREAT GRANDCHILDREN _____ GR. GR. GRANDCHILDREN _____

CHURCH BELONGED TO _____

ORGANIZATIONS BELONGED TO (Proper names, towns and **any offices held**)

ANY NEWSPAPER NOTICES? Y or N If Yes, list papers below:

SPECIAL INSTRUCTIONS FOR NEWSPAPERS (i.e.: No age in paper, etc.)

SERVICE PREFERENCES (One Day Visitation, one evening only of visitation, Services at FH, Services at church, etc.) _____

of Certified Copies of Death Certificate _____

(Need 1 each for probate of estate, Veterans Administration, 1 per bank or insurance company (**not** per account or policy), Motor Vehicle agency, 1 for each company that you have stocks/bonds, 1 for US Savings Bonds. NOTE: It does NOT make a difference how the account is titled – if your name appears on it **in any way**, you need a certified copy of the death certificate.)