

(732) 254-9393



BRUNSWICK MEMORIAL FUNERAL HOME

"Serving Every Family As Our Own"

Michael Kulbacki, Mgr.
N.J. Lic. No. 4870

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

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) _____

RACE _____ **HISPANIC ORIGIN** YES NO

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 _____

Please provide a copy of discharge paperwork (DD-214) if available

DISPOSITION: Burial Cremation Entombment Other

PLACE OF DISPOSITION _____ Town/State _____

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

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
SONS		
DAUGHTERS		
PARENTS		
BROTHERS		
SISTERS		

GRANDCHILDREN _____

GREAT-GRANDCHILDREN _____

GREAT GREAT-GRANDCHILDREN _____

CHURCH BELONGED TO _____

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

SERVICE PREFERENCES (One Day Visitation, Services at Funeral Home, Services at Church, etc.)

ANY NEWSPAPER NOTICES? YES or NO If Yes, list papers below:

SPECIAL INSTRUCTIONS OR REQUESTS (i.e. No age in paper, 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.