

  
**Shaughnessey-Banks**  
 FUNERAL HOME

The following funeral worksheet is included for your convenience. The information provided through these forms are items required for filing a death certificate, constructing an obituary and providing guidance in regards to a funeral service.

Name \_\_\_\_\_ Date of Death \_\_\_\_\_

Legal Residence \_\_\_\_\_

City - Town \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Death \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Sex \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Citizenship \_\_\_\_\_ Of Hispanic Origin: Y \_\_\_ N \_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Marital Status: Never married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Married \_\_\_\_\_

Surviving Last Spouse \_\_\_\_\_  
(Maiden Name)

Usual Occupation \_\_\_\_\_ Kind of Business \_\_\_\_\_

Employer \_\_\_\_\_ Length of Service with Company \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Education: 1-12 \_\_\_\_\_ 1-4 \_\_\_\_\_ 5+ \_\_\_\_\_

Veteran Y \_\_\_ N \_\_\_ Branch of Service \_\_\_\_\_ Name of War \_\_\_\_\_

Burial \_\_\_\_\_ Cremation \_\_\_\_\_ Entombment \_\_\_\_\_

Cemetery/Crematory \_\_\_\_\_

Address \_\_\_\_\_

Grave No \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_

50 Reef Road • Fairfield, CT 06824 • 203 255-1031 • Fax 203 254-2313  
[www.shaughnesseyfuneralhome.com](http://www.shaughnesseyfuneralhome.com)



**CFDA** CONNECTICUT FUNERAL DIRECTORS ASSOCIATION

**GOLDEN RULE** MEMBER BY INVITATION

Informant's Name: Usually the responsible party or nearest of kin)

\_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

### BIOGRAPHICAL INFORMATION

Length of time living in area \_\_\_\_\_

Moving from \_\_\_\_\_

Religion \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Schools attended, clubs, organizations and ther information for the obituary that identifies deceased.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SURVIVORS

Spouse: \_\_\_\_\_

Parents: \_\_\_\_\_

Children (Oldest to Youngest) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grandchildren: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Brothers/Sisters: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Predeceased by: (If desired) \_\_\_\_\_

\_\_\_\_\_

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**FUNERAL SERVICES**

**Visitation Times:** \_\_\_\_\_

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

**Where:** \_\_\_\_\_ **Clergy:** \_\_\_\_\_

**Limousines** \_\_\_\_\_ **Pick-up Address** \_\_\_\_\_

**Music (5 Songs)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Pallbearers:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Memorial Donations:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Name of Convalescent Home:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_