

WRIGHT-ROY FUNERAL HOME, INC.

109 West Street
Leominster, Massachusetts 01453
(978) 534-9372

CASE NO.

NAME _____ AGE _____

FIRST MIDDLE LAST

DATE OF DEATH _____ HOUR _____

Arrangement Appointment Time _____ At Funeral Home At Residence

VITAL STATISTICS

DECEASED'S ADDRESS CITY - STATE - ZIP COUNTY

PLACE OF DEATH CITY - STATE - ZIP COUNTY

SEX RACE - ETHNICITY MARITAL STATUS CITIZEN
 M F

BIRTHPLACE DATE OF BIRTH

FATHER'S NAME HIS BIRTHPLACE MOTHER'S MAIDEN NAME HER BIRTHPLACE

OCCUPATION EMPLOYER

SOCIAL SECURITY NO. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

IF VETERAN, NAME WAR AND BRANCH OF SERVICE RANK AND SERVICE NO.

INFORMANT'S NAME AND ADDRESS TELEPHONE

CERTIFICATE SIGNED BY CAUSE OF DEATH

HIGHEST EDUCATION OTHER INFORMATION:

BIOGRAPHICAL INFORMATION

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

SURVIVING RELATIVES

FATHER

MOTHER

HUSBAND/WIFE

SONS

DAUGHTERS

BROTHERS

SISTERS

GRANDCHILDREN (No.)

GREAT GRANDCHILDREN (No.)

SERVICE DETAILS

PLACE:

DATE: TIME:

CLERGY:

MUSIC:

FAMILY WILL SIT IN: Chapel Family Room No. of Seats Reserved:

NO. OF FAMILY CARS: Address:

PALLBEARERS:

HONORARY PALLBEARERS:

VIEWING

VISITATION HOURS:

ROSARY/WAKE SERVICE:

IN LIEU OF FLOWERS:

FINAL DISPOSITION

BURIAL ENTOMBMENT CREMATION Date:

CEMETERY/CREMATORY:

City: County: State:

Grave No.: Lot: Section: Block:

Lot Owner:

If Cremation, Disposition of Ashes:

MISCELLANEOUS

CASKET: Manufactured by:

OUTER ENCLOSURE: Manufactured by:

CLOTHING:

AUTOPSY: Yes No REMOVAL BY:

EMBALMING AUTHORIZATION RECEIVED EMBALMING BY: