

BUMA FUNERAL HOMES

**** Information needed for death certificate. Please fill in.***

*Name: First: _____ Middle: _____ Last: _____

*Residence: _____

Phone: _____

*Sex: _____ Color: _____ Single: _____ Married: _____ Widowed: _____ Divorced: _____

*Husband of (Full Name including Maiden Name): _____

*Wife of: _____

Life Partner of _____

History of Residence: _____

*Birthplace of Deceased - City: _____ State/Country _____

*Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____

*If Veteran, specify War & Company: _____

*Occupation: _____

*Social Security: _____

*Kind of Business: _____ Company: _____

Years Employed: _____ Retired: _____

*Education Level: _____

*Informant (person in charge of arrangements): _____

*Relationship to deceased: _____

Informant's Phone #: (Home) _____ (Cell) _____

*Informant's Address: _____

*Father's Name: _____

*Father's Birthplace: _____

*Mother's Full Name including Maiden Name: _____

*Mother's Birthplace: _____

Cemetery/Crematory: _____

City or Town: _____

Funeral at: _____

Date: _____ Hour: _____ A.M. - P.M.

Calling Hours: _____

MILITARY SERVICE

(Please bring a copy of discharge papers to arrangement conference)

*Entering Date: _____

*Discharge Date: _____

*Service Number: _____

*Rank, Rating: _____

*Organization/Outfit: _____

SURVIVING RELATIVES AND ADDRESSES

Father's Name: _____

City/Town/State: _____

Mother's Name: _____

City/Town/State: _____

Husband's Name: _____

City/Town/State: _____

Wife's Name: _____

City/Town/State: _____

Sons: Name(s)

City/Town/State

Daughters:

Name(s)

City/Town/State

Brothers:

Name(s)

City/Town/State

Sisters:

Name(s)

City/Town/State

Others to be mentioned in newspaper:

Name(s)

City/Town/State

Grandchildren (No.): _____ Great Grandchildren (No.): _____

Newspapers:

(Yes) (No) Picture for Newspaper (Please circle one)

- ___ Milford Daily
- ___ WMRC
- ___ Metrowest Daily
- ___ Worcester Telegram & Gazette
- ___ Woonsocket Call
- ___ Blackstone Valley Tribune
- ___ Uxbridge Times
- ___ Boston Herald
- ___ Boston Globe
- ___ Other: _____

Memorial Donations:

Service Details:

Name of Clergy: _____ Phone #: _____

Church:

Bearers:

Education:

Wedding Anniversary: _____

Orders/Societies/Hobbies/Interests:

Music (for funeral service and visiting hours):

CEMETERY INFORMATION

Cemetery Name: _____

Grave No.: _____ Plot No.: _____

Range No.: _____ Section No.: _____

Lot Owner: _____

Please return this form via mail, fax, or pickup (available upon request) to one of the Buma Funeral Homes listed below:

Buma-Sargeant Funeral Home
42 Congress Street
Milford, MA 01757
Tel: 508-473-5511
Fax: 508-473-0726

Buma Funeral Home - Uxbridge
101 North Main Street
Uxbridge, MA 01569
Tel: 508-278-2755
Fax: 508-473-0726

Buma Funeral Home – Whitinsville
480 Church Street
Whitinsville, MA 01588
Tel: 508-234- 2362
Fax: 508-473-0726

