

# BUONFIGLIO FUNERAL HOME

PAUL BUONFIGLIO AND SONS

128 Revere Street, Revere, MA 02151  
TEL (781) 284-3376 • FAX (781) 853-0305  
[buonfiglio.com](http://buonfiglio.com)

## ARRANGEMENT FORM

### DECEASED INFORMATION

Name	FIRST MIDDLE LAST	Date of Birth	
Address	STREET, UNIT/APT CITY, STATE, ZIP	Birthplace	CITY, STATE
Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Race	
Veteran	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hispanic Origin	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Social Security #	

### PARENT INFORMATION

Father's Name	FIRST MIDDLE LAST	Mother's Name	FIRST MAIDEN NAME
Birthplace	CITY, STATE	Birthplace	CITY, STATE

### RELATIONSHIP STATUS AND NEXT OF KIN

Marital Status	<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> MARRIED BUT SEPARATED	Legal Next of Kin	NAME AND RELATION
Spouse's Name		NOK Address	
	<small>If widowed or divorced, include former spouse's name</small>	NOK Phone	

### OCCUPATION AND EDUCATION

Usual Occupation		Highest Education	<input type="checkbox"/> ELEMENTARY <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> GRADUATE
Industry		Grade Level	
Employer			

### SERVICE INFORMATION

Type of Service	<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> MAUSOLEUM	Church Affiliation	CHURCH NAME
Cemetery		Church Location	CITY/TOWN

### YOUR INFORMATION

Completed by		Relation	
Telephone		Email Address	
Your Signature		Date	