



# DRISCOLL FUNERAL HOME and cremation service

309 So. Main Street / Haverhill, MA 01835 / 978.374.0000  
[www.driscollcares.com](http://www.driscollcares.com)

Name of Deceased \_\_\_\_\_

Address \_\_\_\_\_

M F Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Social Security # \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's (Maiden) Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Place of Birth \_\_\_\_\_

Mother's Name/Maiden Name \_\_\_\_\_

Mother's Place of Birth \_\_\_\_\_

If Veteran, Branch of Service \_\_\_\_\_ Service Number \_\_\_\_\_

Dates of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_

Occupation (before retirement) \_\_\_\_\_

Business/Industry \_\_\_\_\_

Employer (Name & Location) \_\_\_\_\_

Name of Informant (Responsible Next of Kin) \_\_\_\_\_

Address \_\_\_\_\_

Relation to Person \_\_\_\_\_ Phone Number \_\_\_\_\_

How many Certified Copies of the Death certificate should we order for you? \_\_\_\_\_

(Depending what community the passing occurred in, between \$ 10-25 each copy.)

Would you like to receive the cremated remains by coming to our office? \_\_\_\_\_

United States Postal Service Registered Mail (\$75) \_\_\_\_\_

Personal Delivery (\$100) incl. address \_\_\_\_\_

Debit / Credit Card Payment Option: MasterCard, Visa, Discover

Payment for Services of \_\_\_\_\_

Name that appears on card \_\_\_\_\_

Card Number # \_\_\_\_\_

Address Associated with Card \_\_\_\_\_

Card Security Code \_\_\_\_\_

Expiration Date \_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM TO  
[pat@driscollcares.com](mailto:pat@driscollcares.com) or fax (978) 746-7063