



Vital Statistics/Obit Form

Name: _____ Age: _____

Address: _____

City & State: _____ Zip: _____

Birth Date: _____ Place: _____

Father's Name: _____

Mother's Name (Maiden): _____

Social Security # _____ Race: _____

Of Hispanic Descent: no yes if yes, specify: _____

Marital Status: Married Never Married Widowed Divorced

Spouse (if wife, give maiden name): _____

Years married: _____ Date: _____ Place: _____

Usual Occupation (give kind of work done during most of working life):
_____ Type of Business/Industry: _____

Employer: _____ Years employed: _____ Year Retired: _____

Education: (specify highest grade completed or degree earned): _____

Schools Attended: _____

Ever in the U.S. Armed Forces: No Yes Branch: _____ War: _____

Informant (person in charge of the arrangements)

Name: _____ Relation to deceased: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____ Email: _____

Disposition

Burial or Cremation Name of Cemetery: _____

Thomas L. Neilan & Sons Funeral Homes

12 Ocean Avenue, New London, CT. 06320 860 443.1871

48 Grand Street, Niantic, CT 06357 860 739.6112

www.neilanfuneralhome.com



Family

Parents: _____

Spouse: _____

Sons:	Name	Town	State

Daughters:	Name	Town	State

Brothers:	Name	Town	State

Sisters:	Name	Town	State

Grandchildren (#) _____ Great Grandchildren (#) _____ Great Great Grandchildren (#) _____



Service Information- Funeral Service to be held at

Funeral Home – New London or Niantic Church _____

Graveside only Other _____

Visitation will be held on Day: _____ from _____ to _____

Memorial Donations: _____

The following are hobbies and/or personal interests:

Clubs, lodges, membership in various organizations, church affiliation and activities:

Military Service:

Special recognition and or achievements:

Additional information to be included in the obit:

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