

Funeral Preplanning Information

My funeral home preference is -

Name _____

Address _____

Phone _____

I have given the funeral home a copy of this form _____. if yes

Recognizing that participating in these decisions will help my family in their grief, they can make these decisions -

I have kept my family in mind with these plans and this is what will be helpful to them as they go on in their grief and this is what will allow them to get support from my/their friends _____

Name (First, Middle, Last) (maiden name if applicable) _____

Sex _____

Date of birth _____

Place of birth- City Vill. Town (Circle one) _____

County _____

State _____

Hispanic origin no yes

Mexican, Mex./Amer./Chicano

Puerto Rican Cuban

Other (Span., Hispanic/Latino)

Specify _____

Race (circle one)

White/Cauc. Black/Afri.Amer. Amer. Indian or Native Alaskan

Chinese Filipino Vietnamese Nat. Hawaiian

Japanese Korean Guatemalan/Chamorro

Samoan Asian Indian Other Asian (specify) _____

Other Pacific Islander _____ Other (specify) _____

Education

≤8th grade 9-12 (no diploma) HS Grad. or GED

Some college, no deg. Assoc. degree Bach. Degree Master's degree Doctorate or prof. degree

Social Security # _____

Marital status

Never married Married Widowed Divorced Separated

Spouse's name (include maiden name if wife) _____ if deceased, check here

Occupation _____

Kind of industry _____

Employer name and address _____

Father's name _____

Mother's name – include maiden name _____

Residence

(circle one)

Street address _____

City, Town, Village _____

County _____ State _____ Zip _____

If city or village, is it within limits? yes no

Country if other than USA _____

If no, specify town - _____

Name of next of kin (or person who will be making your funeral arrangements) and mailing address (include zip) _____

Relationship _____ Phone # (_____) _____

Obituary information

Run the obituary or death notice in these newspapers _____

Length of time living here _____ Moved from where _____

Member of church _____

Civic organizations _____

Other personal information to be mentioned (hobbies, accomplishments, interests)

Include military service and employment information ____ yes ____ if my family wishes to

Husband/wife _____

Number of years married _____

Children _____

Grandchildren _____

of Great-grandchildren _____

of Great-great-grandchildren _____

Other relatives _____

Brothers/sisters _____

Father ____ living ____ deceased

Mother ____ living ____ deceased

Service Information

Public visiting hours ____ yes ____ no at the funeral home ____ at the church (if permissible) ____ other _____

No public visiting hours, but I'd like my family to be able to have a private time _____ yes

Service (place, minister) _____

Contributions _____

Funeral info – music _____

Scripture _____

Other readings _____

Speakers _____

Pallbearers (if preference) _____

Clothing I want to be dressed in _____

Jewelry I want on for the services _____

to be removed and given to _____ relationship _____

Casket preference of type of wood or metal _____ color _____

Urn preference _____

Burial vault preference _____

(include the model names and manufacturers if you chose the casket and/or urn and burial vault at the funeral home)

Flowers - preference of kinds and colors _____

Funeral luncheon place _____

___ Burial Cemetery _____

___ Cremation Grave Section _____ Lot _____ Range _____ Grave # _____

___ Body donation City and State _____

Grave marker ___ veterans marker (preference, if permissible, of flat bronze, flat granite, upright granite)

___ has already been purchased ___ needs to be purchased

If cremated, do this with my ashes _____

I want to donate my body to science at the nearest medical school _____

If for some reason my body is not accepted, please do this _____

I have signed an organ donor card on my driver's license or elsewhere ___ yes ___ no

I have not signed an organ donor card but am interested in donating whatever can be used to help others. ___ yes

Payment

My funeral arrangements are paid ___ in full ___ partially ___ not at all.

If paid in full or part, the money is deposited ___ through the funeral home

___ at this bank _____ in a burial account

___ with an insurance policy with this company _____

or with funds located _____

Remember

Whether it's printed in the obituary or said during the services, this is what I want people to know - _____

This is how I want to be remembered - _____