



Date Prepared _____

SECTION 1: BASIC INFORMATION

Primary Information About the Deceased

❖ **Personal Information**

Name (Last) _____ (First) _____ (Middle) _____

Suffix (e.g., Sr., Jr.) _____ Sex (M / F) _____ Social Security No. _____

Citizenship (country) _____ Ancestry _____

Ethnic Group/Race _____ Religion _____
(e.g., African-American, Asian, Caucasian, Hispanic, etc.)

❖ **Residence**

Street Address _____ Apt./Unit # _____ Residential Facility Name _____

City _____ County _____ State _____

Zip _____ Country _____

❖ **Birth Information**

Date of Birth _____ City of Birth _____

County _____ State _____ Country _____

❖ **Death Information**

Date of Death _____ Time of Death _____ (AM / PM)

Cause of Death _____ Certifying Physician _____

❖ **Place of Death**

Facility Name _____ (if applicable) Type of Facility _____
(e.g., hospital, nursing home)

Address _____ City _____

County _____ State _____ Zip _____

Phone _____

Information About the Person Making Arrangements (Next of Kin / Responsible Party)

Name (Last, First, Middle) _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Phone #2 _____ E-Mail _____

Relationship to Deceased _____

Final Disposition of the Deceased

Choose method of final disposition:

- Whole body burial or entombment
- Cremation

Specify disposition of ashes:

- Burial or entombment at cemetery
- Scattering at cemetery
- Deliver to survivors
- Other _____

- Donation to medical science

Specify Recipient Organization, if one has been selected:

Organization _____
 Address _____
 City/State/Zip _____
 Telephone _____

- Other: Specify _____ (e.g., burial at sea, scatter in outer space)

Also specify the Service Provider, if one has been selected:

Organization _____
 Address _____
 City/State/Zip _____
 Telephone _____

SECTION 2: DETAILED FUNERAL SERVICE INFORMATION

Type of Funeral Service Plan

Choose a type of Funeral Service Plan:

- Traditional** (includes a visitation and a funeral service in which the deceased is present in an open or closed casket)
- Memorial** (includes one or more services without the presence of the deceased)
- Graveside** (includes one service held at the graveside prior to interment)
- Traditional Plus** (includes a visitation and a funeral service in which the deceased is present in an open or closed casket, plus one or more memorial services without the presence of the deceased)
- Direct** (the deceased is buried, cremated or donated to medical science without any funeral services)

Care for the Deceased

Select the following services regarding preparation and care for the deceased:

Do you want to have an embalming performed? (Y/N) _____ (this may be required)

Do you want a DNA sample taken? (Y/N) _____

Do you want an autopsy performed? (Y/N) _____ (this may be required)

Presentation of the Deceased

❖ **Casket Presentation Selections**

(Make these selections if a Traditional or Traditional Plus Service Plan has been chosen)

Select how you prefer the casket presented at the visitation(s): Open Closed

Select how you prefer the casket presented at the funeral: Open Closed

Do you want only a private family viewing? (Y/N) _____

Note: the deceased will be dressed and cosmetics will be applied if you have chosen to have a private family viewing or select to have an open casket presentation. If you do not wish to have the deceased dressed and cosmeticized for viewings, please explain below how you would like the deceased to be presented:

❖ **Clothing Selections**

New _____

Existing _____

Jewelry _____

Filings and Notices

❖ **Death Certificates**

Number of Death Certificates Required: _____

<u>Deliver To</u>	<u>Quantity</u>	<u>Phone</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

❖ **Obituary**

Newspaper(s) _____

Other _____

Visitation Selections

(Make these selections if a Traditional or Traditional Plus Service Plan has been chosen)

Choose a location for the visitation:

- Funeral Home
- Church, temple, synagogue or other religious sanctuary
- Other Facility (describe) _____

Indicate name, address and telephone of chosen location:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Choose preferred time schedule for the visitation(s) (Choose all that apply):

- Same day, just prior to funeral service # of Visitation Hours _____
- Prior day (specify morning, afternoon, evening) _____ # of Visitation Hours _____
- 2nd day prior (specify morning, afternoon, evening) _____ # of Visitation Hours _____
- 3rd day prior (specify morning, afternoon, evening) _____ # of Visitation Hours _____
- Other (specify) _____ # of Visitation Hours _____

Transportation Selections

(Make these selections if a Traditional or Traditional Plus or Graveside Service Plan has been chosen)

Choose method of transporting the deceased between service locations and to the cemetery

- Funeral Coach or Hearse
- Funeral Van (more economical)

Choose method of transporting family members between service locations and to the cemetery

- Limousine # of people _____
- Sedan # of people _____
- Family will provide transportation

Escort Needed? (Y/N) _____ Instructions _____

Funeral / Memorial Service Selections

(Make these selections if a Traditional or Memorial or Traditional Plus Service Plan has been chosen. If there will be more than one service, make additional copies of this section and complete it for each service)

❖ **Service Selections**

Indicate type of Service:

Funeral Service Memorial Service

Indicate a preferred date and time for the Service:

Preferred date _____ Preferred time of day _____

Estimate Seating Requirements:

Number of Immediate Family _____ Number of Guests _____

Choose a location for the funeral service:

- Funeral Home
- Church, temple, synagogue or other religious sanctuary
- Other Facility (specify) _____

Indicate name, address and telephone of chosen location:

Name _____ Address _____
 City _____ State _____ Zip _____
 Telephone _____ Fax _____

❖ **Clergy Presiding**

Name _____	Affiliation _____	Phone _____
Name _____	Affiliation _____	Phone _____
Name _____	Affiliation _____	Phone _____

Funeral / Memorial Service Selections, continued

❖ **Pallbearers**

(Make these selections if a Traditional or Traditional Plus or Graveside Service Plan has been selected)

		Active, Honorary or Alternate?
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____

❖ **Music**

Title _____	Artist _____
Title _____	Artist _____
Title _____	Artist _____
Title _____	Artist _____
Title _____	Artist _____

❖ **Performers**

Organist	Name _____	Phone _____
Vocalist	Name _____	Phone _____
_____	Name _____	Phone _____
_____	Name _____	Phone _____
_____	Name _____	Phone _____

Funeral / Memorial Service Selections, continued

❖ **Readings**

Title _____ Source/Reference _____

To be read by: _____ Phone _____

Title _____ Source/Reference _____

To be read by: _____ Phone _____

Title _____ Source/Reference _____

To be read by: _____ Phone _____

Title _____ Source/Reference _____

To be read by: _____ Phone _____

❖ **Flowers**

Florist _____ Phone _____

Floral Selection #1 _____

Floral Selection #2 _____

Floral Selection #3 _____

Floral Selection #4 _____

❖ **Memorial displays**

Description _____

❖ **Special Service Components**

(Complete this section to provide instructions for special service components such as a 21-gun salute, horse-drawn procession, or the rites of fraternal organizations like Masonic organizations or Veterans of Foreign Wars)

Description _____

Preferred Tribute Type

Floral

Masses

Charitable

Preferred Charity #1: _____ Telephone _____

Address: _____ City/State/Zip: _____

Preferred Charity #2: _____ Telephone _____

Address: _____ City/State/Zip: _____

Travel Information

(Complete this section if the deceased must be transported between cities)

Location where the deceased must be transported from:

Funeral Home _____ Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Location where the deceased must be transported to:

Funeral Home _____ Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Cemetery Information

(Complete this section if a burial or scattering at the cemetery has been chosen)

Cemetery Name _____ Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Property Identification:

Garden _____ Lot _____ Space _____

Niche (for urn) _____

SECTION 3: DETAILED FUNERAL MERCHANDISE INFORMATION

Funeral Merchandise

❖ **Casket**

Manufacturer _____ Model # _____ Model Name _____

Identify type of casket:

Wood Specify _____ (e.g., birch, cherry, mahogany, maple, oak, pine, poplar, walnut, etc.)

Precious Metal Specify _____ (bronze or copper) Sealed? (Y/N) _____

Steel Specify _____ (16, 18 or 20 gauge) Stainless? (Y/N) _____ Sealed? (Y/N) _____

Cloth covered

Other Specify _____

Identify lid style:

Half Couch (2 piece) Full Couch (1 piece)

Identify interior features:

Material _____ (e.g., crepe, linen, velour, velvet) Color _____

Style _____ (e.g., shirred, tailored, tufted)

Special Features _____

Funeral Merchandise, continued

❖ **Outer Burial Container**

Manufacturer _____ Model # _____ Model Name _____

Identify type of outer burial container:

- Grave Box or Grave Liner Specify _____ (e.g., concrete or wood)
- Vault Specify _____ (e.g., bronze, copper, concrete, plastic, wood, composite)
- Lawn Crypt Specify _____ (e.g., concrete or wood)

Special Features _____

❖ **Cremation Urn**

Manufacturer _____ Model # _____ Model Name _____

Material _____ (e.g., bronze, ceramic, marble, wood)

❖ **Grave Marker**

Manufacturer _____ Model # _____ Model Name _____

Identify type of grave marker:

- Grave Marker (flush to the ground) Specify _____ (e.g., bronze, granite, marble)
- Monument (upright) Specify _____ (e.g., bronze, granite, marble)
- Lawn Crypt Specify _____ (e.g., concrete or wood)

Engraving

❖ **Stationery Products**

Guest Register Book: Manufacturer _____ Style _____ Quantity _____

Prayer Cards: Manufacturer _____ Style _____ Quantity _____

Verse to print on Prayer Cards: _____

Memorial Folders: Manufacturer _____ Style _____ Quantity _____

Verse to print on Memorial Folders _____

Prayer Books: Manufacturer _____ Style _____ Quantity _____

Acknowledgement Cards: Manufacturer _____ Style _____ Quantity _____

_____ Manufacturer _____ Style _____ Quantity _____

SECTION 4: ADDITIONAL INFORMATION ABOUT THE DECEASED

(The following information, to the extent it is completed, will be used for Obituary purposes and will provide a genealogy record for the family of the deceased)

❖ **Marital Information**

Marital Status (single / married / widowed / divorced) _____

Spouse

Name (Last) _____ (First) _____ (Middle) _____

Suffix (e.g., Sr., Jr.) _____ Sex (M / F) _____ Social Security No. _____

Living? (Y/N) _____ Birth Date _____ Date of Death _____

Address _____ City _____ State _____ Zip _____

Country _____ Telephone _____ E-Mail _____

Marriage Data

Date of Marriage _____ City _____ State _____ Country _____

❖ **Parents**

Father Data

Name (Last) _____ (First) _____ (Middle) _____

Suffix (e.g., Sr., Jr.) _____ Living? (Y/N) _____ Date of Death _____

Birth Date _____ Birth Place _____

Married (Y/N) _____ Spouse Name (if not Mother) _____

Address _____ City _____ State _____ Zip _____

Country _____ Telephone _____ E-Mail _____

Mother Data

Name (Last) _____ (First) _____ (Middle) _____

Maiden Name _____ Living? (Y/N) _____ Date of Death _____

Birth Date _____ Birth Place _____

Married (Y/N) _____ Spouse Name (if not Father) _____

Address _____ City _____ State _____ Zip _____

Country _____ Telephone _____ E-Mail _____

Additional Information about the Deceased, continued

❖ **Children**

Child #1

Name (Last) _____ (First) _____ (Middle) _____

Suffix (e.g., Sr., Jr.) _____ Male/Female (M/F) _____

Living? (Y/N) _____ Birth Date _____ Date of Death _____

Married? (Y/N) _____ Spouse Name _____ No. of Children _____

Address _____ City _____ State _____ Zip _____

Country _____ Telephone _____

E-Mail _____

Child #2

Name (Last) _____ (First) _____ (Middle) _____

Suffix (e.g., Sr., Jr.) _____ Male/Female (M/F) _____

Living? (Y/N) _____ Birth Date _____ Date of Death _____

Married? (Y/N) _____ Spouse Name _____ No. of Children _____

Address _____ City _____ State _____ Zip _____

Country _____ Telephone _____

E-Mail _____

Child #3

Name (Last) _____ (First) _____ (Middle) _____

Suffix (e.g., Sr., Jr.) _____ Male/Female (M/F) _____

Living? (Y/N) _____ Birth Date _____ Date of Death _____

Married? (Y/N) _____ Spouse Name _____ No. of Children _____

Address _____ City _____ State _____ Zip _____

Country _____ Telephone _____

E-Mail _____

Additional Information about the Deceased, continued

❖ **Siblings**

Brother/Sister #1

Name (Last) _____ (First) _____ (Middle) _____

Suffix (e.g., Sr., Jr.) _____ Male/Female (M/F) _____

Living? (Y/N) _____ Birth Date _____ Date of Death _____

Married? (Y/N) _____ Spouse Name _____ No. of Children _____

Address _____ City _____ State _____ Zip _____

Country _____ Telephone _____

E-Mail _____

Brother/Sister #2

Name (Last) _____ (First) _____ (Middle) _____

Suffix (e.g., Sr., Jr.) _____ Male/Female (M/F) _____

Living? (Y/N) _____ Birth Date _____ Date of Death _____

Married? (Y/N) _____ Spouse Name _____ No. of Children _____

Address _____ City _____ State _____ Zip _____

Country _____ Telephone _____

E-Mail _____

Brother/Sister #3

Name (Last) _____ (First) _____ (Middle) _____

Suffix (e.g., Sr., Jr.) _____ Male/Female (M/F) _____

Living? (Y/N) _____ Birth Date _____ Date of Death _____

Married? (Y/N) _____ Spouse Name _____ No. of Children _____

Address _____ City _____ State _____ Zip _____

Country _____ Telephone _____

E-Mail _____

❖ **Grandchildren**

No. of Grandchildren _____ No. of Great Grandchildren _____ No. of Great-Great Grandchildren _____

Additional Information about the Deceased, continued

❖ **History of Residences**

City / State / Country _____ No. of Years _____
City / State / Country _____ No. of Years _____
City / State / Country _____ No. of Years _____
City / State / Country _____ No. of Years _____

❖ **Education**

Elementary School _____ City/State _____
High School _____ City/State _____
Year Graduated _____
Undergraduate College _____ City/State _____
Undergraduate Degree _____ Year _____
Graduate College _____ City/State _____
Graduate Degree _____ Year _____

❖ **Military Record**

Branch of Service _____ Years Served From _____ To _____
Rank _____ Service Number _____
Wars Served _____ Decorations _____

❖ **Work History**

Retired? (Y/N) _____ Year Retired _____
Principle occupation _____ No. of Years _____
Industries _____
Secondary occupation _____ No. of Years _____
Industries _____
Employer #1 _____ City/State _____
Years From _____ To _____
Employer #2 _____ City/State _____
Years From _____ To _____

Additional Information about the Deceased, continued

Employer #3 _____ City/State _____

Years From _____ To _____

Employer #4 _____ City/State _____

Years From _____ To _____

❖ **Religious Institutions**

Institution #1 _____

Institution #2 _____

❖ **Memberships and Public Offices Held**

Organization #1 _____ Position(s) Held _____

Organization #2 _____ Position(s) Held _____

Organization #3 _____ Position(s) Held _____

Organization #4 _____ Position(s) Held _____

Organization #5 _____ Position(s) Held _____

❖ **Notable Accomplishments**

Accomplishment #1

Accomplishment #2

Accomplishment #3

Accomplishment #4
