

Date Prepared _____

SECTION 1: BASIC INFORMATION

Primary Personal Information

❖ **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 _____

❖ **Emergency Information**

Person to Contact _____ Phone _____

Physician _____ Phone _____

Notifications

❖ **Persons to be Notified**

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Notifications, continued

❖ **Contacts for Legal Matters**

Person Responsible for Funeral Arrangements

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Attorney

Name _____ Firm _____ Phone _____

Address _____ City _____ State _____ Zip _____

Executor of Estate

Firm Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

❖ **Obituary**

Newspaper(s) _____

Other _____

Location of Important Information

Identify where the following important documents are located:

Will _____

Birth Certificate _____

Marriage License _____

Social Security Card _____

Citizenship papers, if appropriate _____

Military Discharge Papers _____

Life and Other Insurance Policies _____

Deeds and Titles to Property (home, autos, etc) _____

Bank Account Passbooks _____

Income Tax Returns _____

Certificates of Ownership of Burial Property _____

Bills to be Paid and other Financial Information _____

Location of Safe Deposit Box

Financial Institution _____ Phone _____

Address _____ City _____ State _____ Zip _____

Method of Final Disposition

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)

Methods of Care

Select the following services regarding preparation and care:

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)

Methods of Presentation

❖ **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 _____

Clothing Selections to be made by: _____

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) _____

Visitation Selections, continued

Indicate name, address and telephone of chosen location:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

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

Choose a location for the funeral service:

Funeral Home

Church, temple, synagogue or other religious sanctuary

Other Facility (specify) _____

Funeral / Memorial Service Selections, continued

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 _____

Pallbearers

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

Name _____ Phone _____ Active, Honorary or Alternate?
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 _____

Funeral / Memorial Service Selections, continued

❖ **Performers**

Organist Name _____ Phone _____

Vocalist Name _____ Phone _____

_____ Name _____ Phone _____

_____ Name _____ Phone _____

_____ Name _____ Phone _____

❖ **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 _____

Funeral / Memorial Service Selections, continued

❖ 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: _____

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 _____

❖ **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 _____

Funeral Merchandise, continued

❖ 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 PERSONAL INFORMATION

(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 Personal Information, 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 Personal Information, 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 Personal Information, 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 Personal Information, 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

