

Information about Person completing the form

Today's Date
(MM/DD/YR)

Surname

Common Name

Middle Initial

I am planning for:

Myself Spouse Mother Father Child Friend

Daytime Phone:

Evening Phone

E-mail Address

Vital Statistics (Required)

Surname

Common name

Middle Initial

Maiden Name

Street Address

City

State / Province

Zip / Postal Code

Sex (M/F)

Area Code

Home Phone

E-mail Address

Social Security Number

Date of Birth (MM/DD/YR)

Place of Birth (City / Country)

Father's Legal Name

Common name

Middle Initial

Surname

Father's Birthplace

Mother's Legal Name

Common name

Middle Initial

Surname

Mother's Birthplace

Mother's Maiden Name

Marital Status

Single

Married

Separated

Divorced

Widow(er)

Spouse

Date of Marriage

Place of Marriage

Death Date

Spouse

Date of Marriage

Place of Marriage

Death Date

Personal History

Employment

Occupation

Employer

Last Position Held

How Long

Retired

Yes No

Year

Please provide additional information on any other jobs you have had:

Resident Cities

State/Province

Number of Years

Education / Degree Held

Level Completed

(Included college, in total number of years)

High School

College – list all attended and degree(s) earned

Military

WWII Korean Vietnam Other

War Branch of Service

(i.e. Army, Navy, etc.)

Enlistment Date (If known)

Rank at Discharge

Service Number

Discharge Date

Enlistment Place (If known)

Special Affiliations

Lodges, Memberships, Church, Public Office Held, Fraternal Organizations? *(Include past or present affiliation)*

UAW Member or Member of any other Union Yes No

Local #

Hobbies and Special Interests

Newspaper

The Funeral Home will notify the local newspaper (Within your community)

Other papers that should be notified

Photo in the Obituary?

Yes No

Immediate Family

Name & Spouses Name	Relationship	City & State/Province	Ph Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If additional space is needed for family members, please write those on comments section here.

A Special Thanks To:

Preceded in Death By

Local Emergency Contacts to be Notified at time of Death

Name	Street Address	City, State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Phone Number	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name Street Address City, State/Province

Relationship Phone Number E-mail Address

Name Street Address City, State/Province

Relationship Phone Number E-mail Address

Important Legal Information for Family Use (Not Required)

Will Location

Attorney Phone Number

Address

Executor of Estate

Safety Deposit Box Location

Telephone Number

Address

Additional Information (List any insurance policies, etc)

Marriage Certificate Location

Insurance Company Information

Company Name

Agent contact information

Beneficiary

Policy Number

Company Name

Agent contact information

Beneficiary

Policy Number

Property Information

Mortgage

Automobile and additional home owner information

Warranties (List and Location)

Real Estate Holdings

Jewelry (List and Location)

Artwork (List and Location)

Other Valuables

Banking & Investments

Accountant name

Contact Details

Investment Adviser / Broker

Contact Details

Savings Account (Acct #)

Bank Name

Contact

Checking Account (Acct #)

Bank Name

Contact

Stock and Bond Information

Certificates of Deposit / GIC's

Retirement fund information (401k, IRA, Roth IRA, RRSP, etc)

Miscellaneous

Safety Deposit Box Location

Post Office Box Location

Subscriptions (Monthly, Annually, i.e. Magazines, Newspapers etc)

Living Will Yes No

Living Trust

Receiving VA Benefits Yes No (Funeral Home Will Notify at Time of Death)

If yes, are you a disabled vet? Yes No or a retired person? Yes No

Receiving Pension? Yes No (Funeral Home Will Notify at Time of Death)

Receiving Social Security? Yes No (Funeral Home Will Notify at Time of Death)

My time to reflect / Personal Reflections

The people that have had the greatest and most profound impact on my life have been:

Some of the accomplishments that I am most proud of are:

My fondest memories include:

If I could live my life over again, I would spend less time:

Is there a special story about you or your loved one's heritage you would like to share?

Do you or your loved one have a favorite scripture, song, saying or poem?

What lasting picture has been etched in the minds of those who knew you or your loved one?

How would you or your loved one want to say goodbye? Messages that you would like to leave:

E-mail notification at time of death to be sent to:

Name:



View an Example: www.memorialcast.com

Memorial Picture Board Yes No

View an Example www.demofuneralhome.com

Life Reflection Yes No

View an Example www.demofuneralhome.com

I would like my Funeral Service Broadcast Yes No

Would you like to specify that copies of any or all of the above selections be sent any family members, friends, or organizations?

Would you like to attach any message?

Ask this person(s) to contact the following people.

Final Wishes and Desires

Please select one of the following as your preference (Click on the selection to view examples)

- Traditional Funeral Service Traditional Cremation Service Direct Cremation
 Graveside Burial Service Memorial Cremation Service
 Immediate Burial Graveside Cremation Service

Cemetery City State/Province

Section Lot

Space Marker Installed Yes No

Name of Cemetery/
Property Owner

Specific Instructions

Select a _____ Funeral Home Location: **(Funeral Home to fill in)**

-
-
-
-
-

Funeral Service to be held at:

Funeral Home Church Graveside Yes

Other Rosary Yes

City State/Province Prayer Service Yes

Remarks or Specific Instructions

If a Veteran, is the Flag to be: Draped Folded Given to:

Clergy Organist

Church Vocalist(s)

Music Selections

Piece 1

Piece 2

Piece 3

Bible Passages, Poetry, Quotations & Verses etc:

To be read by:

Flower Requests
(Color/Choice of Flowers)

Specific floral merchant

Selections

Clothing

New

Present

Color

Jewelry

Eye Glasses to be On Off

Decisions of clothing to be made by:

Participating Organizations *(List all that apply including Masonic Lodge and its number, Veterans/VFW Lodge and its number, Knights of Columbus, Lions Club and any other Fraternal/Military Rites)*

Pallbearers:

Name	City	State/Province	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Alternates / Honorary

Special Instructions

Memorial Contributions to:

Address, where the pre-arrangement documents can be delivered: **(Address, Phone, Contact)**

- Please call me
- Tell me how to Pre-Pay Expenses
- Please keep my information on file

If you would like to speak with someone at any time, or have questions is regards to the pre-arrangement process or this document, please feel free to contact anyone of our knowledgeable, friendly staff at
