

Readings or Scriptures for service _____

Specific Requests to be performed at service _____

Reserve Seats for _____

Flower Preferences _____

Pallbearers	Honorary Pallbearers
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____

Pallbearer Car: Yes / No Family Limousine: Yes / No

Interment (Name of Cemetery) _____

City _____ County _____

Section _____ Block _____ Lot _____ Space _____

Cremation: Final Disposition of Urn: Niche / Burial / Other: _____

Where to find Funds for services _____

Location of the Will _____

Distribution of Death Certificates _____

These are people my family could call on to help with notifying friends, handling phone calls, running errands, helping out-of-town guests, or for legal assistance.

Name	Address	Phone Number
1. _____		
2. _____		
3. _____		

For the purpose of relieving my family in the event of need, the preceding arrangements are my personal wishes and desires.

Signature _____ Date _____

PERSONAL AND FAMILY HISTORY

Full Legal Name _____ Maiden _____

Place name in newspaper as follows _____

Home Address _____ Inside City: Yes / No County _____

City, State _____ Zip _____ Peace Officer: Yes / No

City/Town of Birth _____ County of Birth _____ State of Birth _____

Date of Birth: Mo _____ Day _____ Yr _____ Sex: M / F

Decendent of Hispanic Origin: Yes / No Decendent Race: _____

Education: 8 or less / 9-12 / HS Grad or GED / Some College - No Degree / Assoc / Bach / Mast / Dr

Occupation (previous if retired) _____

Kind of Business _____ Number of Years _____

Social Security No. _____

Father's Full Name _____ Place of Birth _____

Mother's Full Maiden Name _____ Place of Birth _____

Spouse's Full Maiden Name _____ Single / Married / Widowed / Divorced

Spouse's Date of Birth/Death _____ Spouse's Social Security No. _____

FOR OFFICE USE ONLY

Date of Death _____ Day of Death _____ Time of Death _____ AM / PM Age: Yr ____ Mo ____ Day ____

Place of Death _____ Inside City: Yes / No County _____

Address _____ If no, Precinct Number _____ Autopsy: Yes / No

☐ Hospital Patient ☐ ER Patient ☐ DOA ☐ Nursing Home ☐ Residence ☐ Other - Specify _____

Physician _____ Address _____ Telephone _____

Hospice _____ Telephone _____

MILITARY SERVICE

Branch _____ Rank _____ War/Conflicts _____

Date Entered _____ Date Discharged _____

Discharge Papers (DD-214) located _____

Flag: Yes / No Drape Casket / Folded Given to _____

INFORMANT INFORMATION

Informant _____ Relation _____

Address _____ City _____ County _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

LIST OF FAMILY MEMBERS FOR OBITUARY
(If deceased, put a D beside their name.)

Name	Residence
Parents and Spouse are listed on front.	
Grandparents	
Daughters (#)	
Sons (#)	
Sisters (#)	
Brothers (#)	
Grandchildren (#)	
Great Grandchildren (#)	
Others you want listed in obituary	

OBITUARY INFORMATION

Obituary handled by: Funeral Home / Family Photo: Yes /No Photo to use

Obituary to (what newspapers)

Education, career / military information, organizations, hobbies, characteristics, anything you want included in obituary

Church Affiliation

Memorials To (In lieu of flowers)

SERVICES

Visitation / Rosary Place

Officiant/Clergy

Funeral / Memorial / Mass Service Place

Officiant/Clergy

Casket Preference Color:

Type: Metal / Wood Seal / Nonseal Vault: Yes / No Casket: Open / Closed

Clothing on deceased at time of death is to be

Hairstyle

Jewelry To be removed: Yes / No Given to

Glasses To be removed: Yes / No Given to

Memorial Folders: Yes / No

Favorite Poem or Scripture for folders

Song Selections

Organist Soloist