

Pre-planning Form

Information about the person completing this form:

I am Planning For:

Last Name: First Name: Middle:

Street Address:

City: State: Zip:

County: Phone:

E-mail:

Vital Information about the person you are planning for:

Last Name: First Name: Middle:

Gender: Marital Status:

Social Security #: Date of Birth:

Place of Birth:

Spouse's Full Name:

Spouse's Maiden Name:

Place of Marriage: Date of Marriage:

Mother's Name: Mother's Maiden Name:

Father's Name:

🎀 Work and Education 🎀

Education (Primary):

College (1 – 5+):

Usual Occupation (most of life):

Kind of Business:

Company:

🎀 Military Records 🎀

Branch of Service:

Serial Number:

Date Enlisted:

Rank at Discharge:

Date discharged:

Discharge on file at:

Copy of discharge papers?:

Name of Wars:

🎀 Funeral Service Information 🎀

Place of Service (Choose one):

Name of Funeral Home:

Address:

Phone:

Place of Visitation:

I prefer the funeral service to be:

Viewing for Family?:

Viewing for Friends?:

Religious Denomination:

Place of Worship:

Lodge/Union:

☞ Person(s) to Finalize Arrangements at Time of Death ☞

Check here and skip this section if information is the same as person filling out this form

Full Name:

Street Address:

City:

State:

Zip:

Phone:

☞ Special Instructions ☞

Flower Preference:

Music:

Casket Bearers (6):

1.

2.

3.

4.

5.

6.

Jewelry:

Glasses:

Clothing:

Other:

☞ Disposition Options ☞

I prefer:

Cemetery:

Address:

Phone:

Section:

I have made a last will and testament:

☞ Other Information and Special Instructions ☞

Please list any other instructions or information you would like us to have:

☞ Memorials & Charities ☞

Please list any Memorials or Donations to Charity that you would like:

☞ Contact Options ☞

Send information about pre-arrangement

Contact me to set an appointment

Please keep my information on file