



## Pre-arrangement 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**