

FUNERAL ARRANGEMENT WORKSHEET

NAME: _____ PHONE# _____

AGE: _____ GENDER: _____ RACE: _____

ADDRESS (street, city, state, zip code) _____

DATE OF BIRTH: _____

PLACE OF BIRTH (City and State) _____

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

MARITAL STATUS: _____

SPOUSE:(if wife - maiden name) _____

USUAL OCCUPATION: _____

TYPE OF INDUSTRY: _____

SOCIAL SECURITY #: _____

EDUCATION COMPLETED: _____ VETERAN:(yes or no) _____

BRANCH OF SERVICE: _____ DATES: _____

PERSONAL REPRESENTATIVE:(name, address & telephone):

OBITUARY INFORMATION

LENGTH OF TIME IN AREA: _____

MOVED HERE FROM: _____

CHURCH AFFILIATION: _____

CLUBS, ORGANIZATIONS, OTHER MEMBERSHIPS AND ACHIEVEMENTS:

PRECEDED IN DEATH BY: _____

SURVIVORS:(list name, city and state where they live)

Spouse: _____

Parents: _____

Children: _____

Siblings: _____

Grandchildren# _____ Great Grandchildren# _____ Great-Great Grandchildren# _____

Others: _____

FUNERAL SERVICE INFORMATION

VISITATION:(# of days)_____

FUNERAL SERVICES:

To be held in church or chapel at funeral home: _____

Clergy:_____

Special Music:_____

Organist/Soloist:_____

Pallbearers:_____

In lieu of flowers, memorials to:_____

FINAL DISPOSITION:

BURIAL_____ ENTOMBMENT_____ BURIAL AT SEA_____

ANATOMICAL DONATION_____ CREMATION_____

Name of cemetery or body of water:_____

Location:_____

Lot, Section, Block and Grave #:_____

CREMATED REMAINS TO BE: Scattered at sea _____ Buried:_____

Name of Papers for Obituary in addition to local:_____

Name, Address and Phone # of out of town funeral home if shipping out of state:

