

PRE-PLANNING DOCUMENT

PERSONAL INFORMATION

Full Name

Place of Birth

Date of Birth



Month Day Year

Street

City

State/Province

ZIP/Postcode

Telephone

Email Address

SSN #

Marital Status

Father's Name

Mother's Name

Mother's Maiden Name

Father's Place of Birth

Mother's Place of Birth

Spouse's Name

Spouse's Maiden Name

Additional Family Members

WORK/EDUCATION HISTORY

Education Level?

Grade School

High School

Degree

Masters Degree

Doctorate

Occupation

Company Name

Business Field

MILITARY RECORD

Did you serve in the military?

Yes

No

Branch of Service

Serial Number

Date Entered Service



Month Day Year

Date Discharged



Month Day Year

Rank at Discharge

Discharge Filed Where

Do you have a copy of your discharge papers?

Yes

No

Wars Fought In

Person in Charge

Person in Charge Telephone

Person in Charge Address

FUNERAL SERVICE REQUEST

Place of Service

Place of Service Telephone

Place of Visitation

Religious Denomination

Place of Worship

Lodge/Union/Association Membership

Person in Charge of Final Arrangements

DISPOSITION REQUEST

Disposition I Prefer...

Burial

Mausoleum

Cremation

Cemetery

Cemetery Address

Cemetery Telephone

Lot #

Section/Letter

Grave #

Do you have a Last Will and Testament?

Yes

No

Location of Will

SUMMARY DETAILS

Memorial Requests/Donations to Charity

Additional Instructions