

THE FIRST STEP IN ADVANCE PLANNING IS TO COMPLETE THIS FORM AND RETURN IT TO US. THE INFORMATION BELOW SHOULD BE AS ACCURATE AS POSSIBLE.

THE 1st STEP in ADVANCE PLANNING . . .

NAME OF PERSON PRE-ARRANGEMENTS ARE FOR: _____

LEGAL RESIDENCE (IF OTHER THAN RESIDENCE) _____ LENGTH OF STAY _____

CITY: _____ COUNTY: _____ STATE: _____

LEGAL RESIDENCE: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP: _____ PHONE: () _____

DATE OF BIRTH: _____ BIRTHPLACE: (CITY & STATE/COUNTRY) _____

MARITAL STATUS: S / M / W / D NAME OF SPOUSE: FIRST _____ MAIDEN _____

USUAL OCCUPATION (BEFORE RETIRED): _____

KIND OF INDUSTRY/BUSINESS: _____ ADDRESS OF LAST EMPLOYER _____

EDUCATION LEVEL: # OF YEARS _____

FATHER'S NAME: _____ MOTHER'S NAME: FIRST _____ MAIDEN _____

SOCIAL SECURITY NUMBER: _____ VETERAN: YES / NO : WAR _____

NAME OF NEXT OF KIN OR RESPONSIBLE PARTY: _____

RELATIONSHIP: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: () _____ FAX: () _____

CEMETERY INFORMATION

NAME OF CEMETERY: _____ CITY: _____ STATE: _____

GRAVES ARE OWNED BY (IF ORGANIZATION STATE NAME): _____

IF THRU ORGANIZATION, NAME OF PERSON TO CONTACT: _____ PHONE: _____

BLOCK: _____ SECTION: _____ DIVISION: _____ PLOT/LOT: _____

ROW: _____ # OF GRAVES IN PLOT _____ GRAVE TO BE USED: # _____

PREVIOUS BURIALS: _____

BURIAL IS TO BE: (NEXT TO / IN FRONT / BEHIND) _____ (YEAR INTERRED) _____

SERVICE INFORMATION

SERVICE TO BE CONDUCTED AT WHICH CHAPEL?: _____ OR GRAVESIDE ONLY: _____

CLOTHING / SHROUD / TAHARA / SHOMER (CIRCLE IF APPLICABLE) # OF LIMOUSINES _____

NAME OF CLERGY TO BE CONTACTED: _____ OR SUPPLIED BY US: YES / NO

NEWSPAPERS TO BE CONTACTED: (1) _____ (2) _____ (3) _____

NUMBER OF CERTIFIED COPIES: _____

I AM INTERESTED IN A PRE-PAID FUNERAL YES / NO

I AM INTERESTED IN PRICE QUOTE ONLY YES / NO

I AM INTERESTED IN A PRE-NEED MONUMENT YES / NO

ANY OTHER REQUEST (S): _____