

Funeral Planning Form

Memorial Service

Funeral Home:	_____	Funeral Director:	_____
Address:	_____	Phone No.	_____
Service Place:	_____	Service Presider:	_____
Affiliation with Military, Fire Department, Elks, etc. _____			
Honor Guard Present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, present for: <input type="checkbox"/> Service <input type="checkbox"/> Wake
Honor Guard Contact:	_____	Phone No.	_____
Scriptures to be Read:	_____		
Readers:	_____		
Entrance Hymn:	_____	Recessional Hymn:	_____
Additional Musical Selections: _____			
<input type="checkbox"/> Open Casket	<input type="checkbox"/> Closed Casket	Flowers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pallbearers: _____			

Burial

Cemetery:	Address:
Phone No: _____	<input type="checkbox"/> Crypt <input type="checkbox"/> Vault <input type="checkbox"/> Mausoleum <input type="checkbox"/> Earth
Tombstone Material:	<input type="checkbox"/> Granite <input type="checkbox"/> Limestone <input type="checkbox"/> Marble <input type="checkbox"/> Bronze <input type="checkbox"/> Slate
Inscription: _____	
Location: _____	No. of Spaces: _____
Cemetery Documents: _____	Location: _____
Casket:	<input type="checkbox"/> Wood <input type="checkbox"/> Bronze <input type="checkbox"/> Marble <input type="checkbox"/> Copper <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____
Urn:	<input type="checkbox"/> Bronze <input type="checkbox"/> Wood <input type="checkbox"/> Marble <input type="checkbox"/> Other: _____

Wake

Vigil:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wake:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location: _____		Hours of Visitation: _____	
Food: _____			
Beverages: _____			
Photos: _____			

Obituary Information

Name: _____	Spouse: _____
Children: _____	
Children: _____	
Date of Death: _____	Place of Death: _____
Siblings: _____	Parents: _____
Memorial Date: _____	Memorial Place and Time: _____
Burial Date: _____	Burial Place and Time: _____
Funeral Home Address: _____	Service Officiant: _____
Photo Preferred: _____	Memorial Contributions: _____
Date of Birth: _____	Place of Birth: _____
Education: _____	Cities Lived In: _____
Wedding Date: _____	Employment _____