

FAMILY PLANNING GUIDE

for

ADVANCE FUNERAL PLANNING

Confidential and Personal



PERSONAL INFORMATION RECORD

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name: _____

Nickname: _____

Address: _____

City: _____

State: _____

Zip: _____

County: _____

Phone Number: _____

Sex: _____

SS#: _____

Place of Birth: _____

Date of Birth: _____

Age: _____

Marital Status: _____

Spouse's Name: _____
Including Maiden Name

Mother's Full Name: _____

Father's Full Name: _____

Education: ___ Years Elementary | High School ___ Years College ___ Other

IMMEDIATE CONTACT PERSON

Name | Relationship

Address

Phone

ADVANCED FUNERAL PLANNING FORM

Funeral Service: _____

Chapel | Church _____

Visitation: _____

Rosary: _____

Clergy: _____

Organist: _____

Soloist _____

Songs | Hymns: _____

Verses | Passages: _____

Cemetery: _____

Plots Purchased: _____

Marker Purchased: _____

Property Description: _____

Flag Draping: _____

Folded: _____

Jewelry Left On: _____

To Family: _____

Clothing: _____

Groups | Societies: _____

Present at Service: _____

Local Newspaper Notified: _____

Out of Town Newspaper: _____

Casket: _____ Open _____ Closed

FUNERAL COST ESTIMATE

Service Fees: \$ _____

Casket Selected: \$ _____

Vault | Other Merchandise: \$ _____

CASH Advance Items:

_____ \$ _____

Total Funeral Cost Estimate: \$ _____

Quote Good for 30 Days

FINANCIAL ARRANGEMENTS

SPECIAL REQUESTS

TO MY LOVED ONES

My wish for my loved ones is to spare them the anxiety, expense and inconvenience at the time of my death. This form was completed to give you the information needed which represents my wishes. I hope these arrangements are satisfactory and they help you keep a warm memory of the wonderful years we had together.

Signed (Not A Contract)

Date