

Last Name, First Name

Date Submitted _____

FUNERAL PLANS AND PREFERENCES

KEY PERSON to be immediately notified:

NAME _____ PHONE _____

PREFERRED FUNERAL HOME _____

FUNERAL HOME LOCATION _____ PHONE _____

PERSONAL PHYSICIAN _____ PHONE _____

PERSONAL ATTORNEY _____ PHONE _____

LIFE INSURANCE AGENT _____ PHONE _____

FUNERAL SERVICES

Church _____

Homilist for Wake Service _____

Cemetery _____

Remembrances: Flowers YES NO Memorial Gifts to: _____

Preferred Pallbearers

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continue to page 2 on reverse side.

Liturgical Preferences (please be specific in choices of Readings, music, etc)

DATA NEEDED FOR DEATH CERTIFICATE

Full Name _____

Full Address _____

Resided at this Address since _____

City and County _____

Place of Birth (State, Country) _____

Country(ies) of Citizenship _____

Social Security # _____

Father's Full Name _____

Father's Place of Birth _____

Mother's Full Name _____

Mother's Place of Birth _____

ANY OTHER SPECIFIC REQUEST, INFORMATION OR PREFERENCE

WHERE IS YOUR CURRENT LAST WILL AND TESTAMENT FILED?
