

# *Planning Ahead Guide*

## **Dingmann Funeral Care** Burial & Cremation Services



Owned and Operated by the Dingmann Family

[www.dingmannfuneral.com](http://www.dingmannfuneral.com)

[info@dingmannfuneral.com](mailto:info@dingmannfuneral.com)

### *Chapel Locations:*

305 E Park St  
PO Box 388  
Annandale, MN 55302  
320-274-8811

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85 N Main St  
PO Box 69  
Kimball, MN 55353  
320-398-5055

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108 Oak Ave N  
PO Box 577  
Maple Lake, MN 55358  
320-963-5731

*Dingmann Funeral Care Burial & Cremation Services  
is a Proud member & Supporter of the following professional organizations:*



**How to use this Brochure:**

*This brochure is designed to gather the information a funeral home needs when a death occurs. Please complete all the information to the best of your ability; keep in mind that it is all right to leave some spaces blank. When the brochure is complete, please bring it into the funeral home, where we will place it on file so that it is available at the time of need.*

**DEATH CERTIFICATE & OBITUARY INFORMATION**

*Please fill out all information that applies to you in this section. The starred items are required to complete a death certificate. It is very important that all starred items are complete as a death certificate must be filed within 72 hours of death.*

\*Full Legal Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (other) \_\_\_\_\_

\*Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

\*Father's Full Name \_\_\_\_\_

\*Mother's Full Name (Maiden) \_\_\_\_\_

\*Spouse's Full Name (Maiden) \_\_\_\_\_

\*Marital Status \_\_\_\_\_ Date of Marriage \_\_\_\_\_ Date of Death of Spouse \_\_\_\_\_

Place of Marriage \_\_\_\_\_

Elementary & Junior High School Name/Location \_\_\_\_\_

\*Years of High School Education \_\_\_\_\_ Class of \_\_\_\_\_ School Name/Location \_\_\_\_\_

\*Years of Post High School Education \_\_\_\_\_ Class of \_\_\_\_\_ School Name \_\_\_\_\_

Other Education Received \_\_\_\_\_

\*Primary Occupation \_\_\_\_\_ \*Industry of Primary Occupation \_\_\_\_\_

Occupation 1 \_\_\_\_\_ Employer 1 \_\_\_\_\_ # of years \_\_\_\_\_

Occupation 2 \_\_\_\_\_ Employer 2 \_\_\_\_\_ # of years \_\_\_\_\_

Occupation 3 \_\_\_\_\_ Employer 3 \_\_\_\_\_ # of years \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Church Organizations \_\_\_\_\_

Additional Faith information \_\_\_\_\_

Lodge/Civic Organizations/Memberships \_\_\_\_\_

Interests, Hobbies, etc. \_\_\_\_\_

Significant Accomplishments \_\_\_\_\_

\*Branch of Military \_\_\_\_\_ Rank \_\_\_\_\_ War \_\_\_\_\_

Date of Enlistment \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Service ID # \_\_\_\_\_ VA Claim # (if applicable) \_\_\_\_\_

Other Military Information \_\_\_\_\_

## SURVIVOR INFORMATION

Please list all living family members and their spouses along with the city that they live in. Please list family members that have died in the "Preceded in Death" section on the next page.

Please list names as follows: FIRST NAME LAST NAME (SPOUSES NAME) of CURRENT CITY OF RESIDENCE

Spouse \_\_\_\_\_ of \_\_\_\_\_

Parents \_\_\_\_\_ of \_\_\_\_\_

Children & their spouses \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

Siblings & their spouses \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

Number of Grandchildren \_\_\_\_\_ Grandchildren's Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Great Grandchildren \_\_\_\_\_ Great Grandchildren's Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Great Great Grandchildren \_\_\_\_\_ Great Great Grandchildren's Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SURVIVOR INFORMATION**

Other Survivors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preceded in Death by \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pallbearers (6-8) _____	Honorary Pallbearers _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**LIFE STORY INFORMATION**

Please use the space below to add information about your life to be listed in the obituary or life story. Some items could include but are not limited to 1) Childhood interests and stories, 2) Young adult interests, stories, romances and events, 3) Memorable stories, events or accomplishments at work, in volunteering or in the military, 4) Special relationships with family, friends, colleagues or pets, 5) Special events including vacations, unique holiday gatherings or the greatest day of your life, 6) Activities that you enjoyed 7) Some of your favorites including sports teams, poems, songs, books, TV shows or movies, 8) Describe your personality, character, outlook on life or legacy, 9) or list anything that you think would be helpful in composing a life story. Please use a separate page if the space below is too limited.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

## SERVICE INFORMATION

Completing this section is a way to let family know your preference for a service. Please fill it out to the best of your ability. If you are not certain of what you would like or something does not apply to you, you may leave the line blank. Any information completed may be changed at any time; including before or after death. \*

Location of Funeral \_\_\_\_\_

Location of Visitation \_\_\_\_\_

Clergy / Officiant \_\_\_\_\_

Musicians \_\_\_\_\_

Cemetery \_\_\_\_\_ Cemetery Location \_\_\_\_\_

Cemetery Lot Description \_\_\_\_\_ Lot Owner \_\_\_\_\_

Location of Reception / Luncheon & menu Preference \_\_\_\_\_

Check all of the following that apply:

<input type="checkbox"/> Night Before Visitation	<input type="checkbox"/> 1-Hour Prior Visitation	<input type="checkbox"/> Private Viewing	<input type="checkbox"/> Public Viewing
<input type="checkbox"/> Burial	<input type="checkbox"/> Cremation (Flame)	<input type="checkbox"/> Alkaline Hydrolysis (water-based cremation)	
<input type="checkbox"/> Military Honors	<input type="checkbox"/> Reception / Luncheon	_____	_____

Readings \_\_\_\_\_ Musical Selections \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Service Requests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Memorial Donations may be made to \_\_\_\_\_

Printed Material Preferences \_\_\_\_\_

Type of Casket \_\_\_\_\_ Type of Vault \_\_\_\_\_

Type of Urn \_\_\_\_\_ Type of Urn Vault \_\_\_\_\_

Clothing Desired \_\_\_\_\_ Hair Style \_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name \_\_\_\_\_ Signature\* \_\_\_\_\_

Date of Completion of this form \_\_\_\_/\_\_\_\_/\_\_\_\_

\* By signing this page, you are not binding arrangements to what has been selected. Arrangements can still be changed at the time of need by your next of kin or by your appointed representative. If you would like this form to be binding and unchangeable by anyone but yourself, please have a witness sign and date at the bottom of this page. The witness should not be a funeral home employee or your appointed representative. The printed name, phone number and address of the witness is required. Dingmann Funeral Care Recommends that a separate form be completed with the funeral home staff if ensuring your wishes are followed is a concern.

## OBITUARY NOTICES:

*The following are a list of local news outlets. Check all that apply and list additional newspapers in the blank lines below.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Annandale Advocate   | <input type="checkbox"/> Kimball Tri-County News         | <input type="checkbox"/> Maple Lake Messenger        |
| <input type="checkbox"/> St. Cloud Times (Free or Full)   | <input type="checkbox"/> Monticello Times (Free or Full) | <input type="checkbox"/> Wright County Journal Press |
| <input type="checkbox"/> Minneapolis Star Tribune (Service Notice, Short Obituary or Full Obituary) |  |  |
| <input type="checkbox"/> KLFD Radio (Litchfield)  | <input type="checkbox"/> KDUZ Radio (Hutchinson)         | <input type="checkbox"/> KASM Radio (Albany)         |
| <input type="checkbox"/> KRWC Radio (Buffalo)   |  |  |
| <hr/>   |  |  |
| <hr/>   |  |  |

## CHECKLIST:

*The following is a checklist of items that can further assist your family at the time of need.*

- |  |   |
|--|---|
| <input type="checkbox"/> Purchase Cemetery Space   | <input type="checkbox"/> Purchase and Place a memorial at the cemetery  |
| <input type="checkbox"/> Photo for obituary on file at the funeral home  | <input type="checkbox"/> Write a full life story or Eulogy              |
| <input type="checkbox"/> Pre-Pay the funeral service   | <input type="checkbox"/> Write an obituary                              |
| <input type="checkbox"/> Copy of military discharge papers on file at the funeral home                                 | <input type="checkbox"/> Go over funeral service selections with clergy |
| <input type="checkbox"/> File a copy of this form at the funeral home  | <input type="checkbox"/> Discuss arrangements with family members       |
| <input type="checkbox"/> Health Care Directive   | <input type="checkbox"/> Estate Planning with an attorney               |
| <input type="checkbox"/> Advance Directive for Appointment of Agent for Right to Control and Duty of Final Disposition |   |
| <hr/>  |   |

It is our mission to empower our communities and the families that we serve with choices and with knowledge.

It is our desire to share our knowledge with care and compassion and to respond to your trust, with assurance that your wishes are carried out with humility, dignity, and respect.

Our family has been offering quality care since the turn of the century. We are committed to the highest ideals with all aspects of dying, death, grief and bereavement. Providing sensitive service to all faiths is important to us along with making our services available to all, at the most reasonable cost.

Our staff is trained to assist with planning funeral services that will be meaningful to you, whatever your needs or wishes may be. You are invited to rely on our four generations of experience in funeral service to help you. We pledge our complete service to you 24-hours-a-day, 7-days-a-week.

Thank you for placing your trust in  
Dingmann Funeral Care Burial and Cremation Services

Brian & Dana Dingmann – Owners and Funeral Directors



*Your local provider of:*  
*Burial Services ~ Cremation Services ~ Alkaline Hydrolysis Services*  
*Green Disposition Services ~ Pre-Planning Services ~ Monument Sales*

Initial: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_