

Planning Ahead Guide

Dingmann Funeral Care Burial & Cremation Services



Owned and Operated by the Dingmann Family

www.dingmannfuneral.com

info@dingmannfuneral.com

Chapel Locations:

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

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

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 _____

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.

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"/>
<input type="checkbox"/> Military Honors	<input type="checkbox"/> Reception / Luncheon	<input type="checkbox"/>	<input type="checkbox"/>

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.

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

CHECKLIST:

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

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

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



Annandale ~ Kimball ~ Maple Lake

Your local provider of:

*Burial Services ~ Cremation Services ~ Alkaline Hydrolysis Services
Green Disposition Services ~ Pre-Planning Services ~ Monument Sales*