

Kramer-Grau Funeral Homes & Crematory, Inc.

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100 Park Place
Platteville, WI 53818
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144 N Main
Potosi, WI 53820
608.763.2281

FUNERAL SERVICE INFORMATION AND CONSIDERATIONS

FULL NAME OF DECEASED: _____
FIRST MIDDLE LAST

ADDRESS OF DECEASED: _____
STREET ADDRESS CITY, STATE & ZIP

AUTHORIZING AGENT: _____
FIRST LAST RELATIONSHIP

ADDRESS OF AGENT: _____
STREET ADDRESS CITY, STATE & ZIP PHONE NUMBER

AUTHORIZING AGENT IS THE INDIVIDUAL LEGALLY RESPONSIBLE FOR THE FINAL DISPOSITION OF THE DECEASED. THIS PERSON ASSUMES RESPONSIBILITY OF ALL EXPENSES INCURRED. PLEASE INDICATE RELATIONSHIP. THE DEATH CERTIFICATE ALSO ASKS FOR AN INFORMANT AND THIS IS THE INDIVIDUAL OF RECORD.

DECEASED DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

WE ARE REQUIRED BY LAW TO NOTIFY SOCIAL SECURITY OF A DEATH. WE WILL ALSO HELP YOU TO RECEIVE ANY BENEFITS THAT APPLY.

FATHER: _____ MOTHER'S FULL MAIDEN NAME: _____

TOWN IF NOT DECEASED _____ TOWN IF NOT DECEASED _____

CHURCH MEMBERSHIP HISTORY: _____

SCHOOL HISTORY - WHERE ATTENDED GRADE SCHOOL, HIGH SCHOOL, COLLEGE, AWARDS, DEGREES, ETC.: _____

MARITAL STATUS: _____

MARRIED TO: _____

MARRIAGE DATE: _____ WHERE MARRIED: _____

WORK, HOBBIES AND FAMILY HISTORY: _____

RETIRED WHEN: _____

RESIDENCE SINCE RETIREMENT: _____

LOCATION OF SERVICES: _____

DATE & TIME OF SERVICES: _____

CLERGY IN CHARGE OF SERVICES: _____

INTERMENT IN WHAT CEMETERY: _____ IS THERE A MONUMENT IN PLACE: _____

SUGGESTED ACTIVE CASKET BEARERS AND PHONE NUMBERS (6 ARE CUSTOMARY BUT MORE CAN BE ADDED)

1	_____	5	_____
2	_____	6	_____
3	_____	7	_____
4	_____	8	_____

SUGGESTED HONORARY CASKET BEARERS AND PHONE NUMBERS: (IF YOU DESIRE)

I _____	5 _____
2 _____	6 _____
3 _____	7 _____
4 _____	8 _____

ORGANIST: _____ VOCALIST: _____

MUSIC SELECTIONS: I. _____ 2 _____

ADDITIONAL MUSIC: _____

LUNCH AFTER THE FUNERAL SERVICE AT: _____

FOOD TO BE SERVED & NUMBER OF PEOPLE EXPECTED _____

FRATERNAL ORGANIZATIONS: _____

CLOTHING NOTICE: YOU SHOULD BRING ALL CLOTHING TO BE USED TO THE ARRANGEMENT CONFERENCE. THIS INCLUDES UNDERCLOTHING AND SOCKS. SHOES ARE NOT NECESSARY. A PICTURE IS ALSO QUITE HELPFUL SO WE CAN COMB OR FIX THE HAIR CORRECTLY OR SCAN THE PHOTO FOR ANY PUBLIC NOTICES.

WAS DECEASED A VETERAN? YES _____ NO _____ WAR: _____

FAMILY MEMBERS

SPOUSE: _____ ADDRESS (TOWN ONLY) _____

LIST ALL CHILDREN: (ELDEST FIRST & SPOUSE) ADDRESS (TOWN ONLY - IF DECEASED INDICATE DECEASED)

I	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____

LIST ALL BROTHERS AND SISTERS (ELDEST FIRST & SPOUSE) ADDRESS (TOWN ONLY - IF DECEASED INDICATE DECEASED)

I	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____

NUMBER OF GRANDCHILDREN: _____ GREAT GRANDCHILDREN: _____ GREAT-GREAT GRANDCHILDREN: _____