

Kramer-Grau Funeral Homes & Crematory, Inc.

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313 Fredrick St.
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100 Park Place
Platteville, WI 53818
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F: 608.348.8654

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)

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

ORGANIST: _____ VOCALIST: _____

MUSIC SELECTIONS: 1. _____ 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)

1	_____
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)

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

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