PLANNING GUIDE

Counselor _____

Date _____

Name _____ Male/Female
(First) (Middle) (Last)

Address _____Inside City Limits: Yes/No

Social Security Number _____-____-_____ Date of Birth ____-____-_____ Phone _____

Place of Birth _____ Life Occupation _____Industry _____

( ) Married, ( ) Never Married, ( ) Widowed, ( ) Divorced

Name of Spouse _____ Wedding Date _____
(First) (Middle) (Maiden)

Year Moved to Area _____ from _____

Highest Education Level – ( ) 8th or less, ( ) High School no diploma, ( ) High School, ( ) Some College, ( ) Associates, ( ) Bachelors, ( ) Masters, ( ) Doctorate

Father's Name _____Mother's Name _____
(Include Maiden Name)

Living Relatives & Locations _____

_____

_____

_____

_____

Preceded by _____

_____

Number of Grandchildren _____ Great Grandchildren _____

Organizations _____

_____

Church Affiliation _____

Veteran: Yes/No Service Branch _____ During _____ DD214: Yes/No

Newspapers _____

Location of Services _____ Clergy _____

Memorial Donations _____ Music _____

Cemetery _____

Disposition of Cremated Remains _____

Additional Funeral Home _____

Race_____ Haitian/Hispanic_____

Casket _____ Vault _____ Urn _____

Number of DCs: With Cause _____ Without Cause _____ Total _____

Type of Service Selected – ( ) traditional burial, ( ) direct burial, ( ) traditional cremation, ( ) memorial cremation, ( ) direct cremation, ( ) removal from state, ( ) anatomical donation, ( ) entombment, ( ) other _____

Courtesy _____ Trust _____ Insurance _____