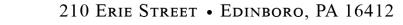
## GLUNT FUNERAL HOME AND CREMATORYING



David T. Glunt, L.F.D. & Supervisor 814-734-1611 Harry D. Glunt, L.F.D.



An informational guide prepared for you by the

Glunt Funeral Home and Crematory, Inc.

for gathering information to help you plan a funeral.

## **GLUNT FUNERAL HOME AND CREMATORY, INC.**

## Information Check List

Please fill the following form out to the best of your ability. If a box does not apply or you do not know the answer, please leave it blank. This information will be used for aiding us in the completion of the Obituary, Death Certificate and other legal and non-legal forms. Note: Not all the information you provide here will be in the Obituary.

	Firs	st	Middle	;	Last	
Deceased Full Name:						
Age:	Number and St	reet		City	State	Zip
Current Address:						
Is the address in the C	ity or Borough Li	mits?	YES:	NO:		
If NO, which township?	?		Nι	ımber of yea	rs at residence:	
Former Address (city/s	tate):					
Date of Birth:	/ /		Ма	rital Status	:	
Place of Birth						
City:			State:			
County:						
Social Security Numbe	r:					
Race:						
Were they of Hispanic	Origin? YE	ES:	NO:			
Father's Name:				(1	First, Middle, Las	st)
Living / Deceased						
Mother's Name:				(	First, Middle, Ma	iden, Last)
Living / Deceased						
Occupation:						
Places worked and ho	w long:					
Education: High school attended:						
Did they earn HS Degr	ee or GED?	YES:	NO:			
Did they go to college	or trade school?	YES:	NO:			
If so, how many years?	?					

Education: (Continued)			
College(s) attended:			
College degrees earned:			
Did they or there spouse serve in the Military?			
Branch: YES	: NO:		
# Years Served:			
Highest Rank Attained:			
War they served in?	or Peacetime?		
Were they a member of any:			
Clubs:			
Lodges:			
204g00.			
Would you like a service from any of these Clubs or Lodges?	YES:	NO:	
If yes, which one(s):  Did they hold any offices? (ie: President, Worshipful Master, etc.)			
they floid any offices: (ie. President, Worshipidi Master, etc.)			
Did they receive any notable awards?			
Hobbies or special things they loved doing:			

Religion:		
Church(s) Attended:		
Offices Held:		
Deceased Relatives:		
Spouse(s):	Name	Name
Children:	Name	Name
Brothers:	Name	Name
Sisters:	Name	Name
Grandchildren:	Name	Name
Great-grandchildren:	Name	Name
Others: Please use this space	for adding extra relatives from above	

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Name

Relation

Relation

Name

Living Relatives
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Spouse:	First	Middle	Last	Maiden (If applicable	
	Date of Birth:	/ / City:		State:	
Spouses Social Security Number:			Phone #		
Sons:	Total Number: Name		Spouses Name (If any)	From: City & State	
For addition  Daughters:	al Sons, please add to Total Number: Name	o - <u>Others-</u> section on page 5	Spouses Name (If any)	From: City & State	
For additions	al Daughters, please a	add to - <u>Others-</u> section on p	page 5		
Brothers:	Total Number: Name		Spouses Name (If any)	From: City & State	

For additional Brothers, please add to -Others- section on page 5

Living Relatives (Continued on Next Page)

Sisters:	Total Num Nan		Spouses Name (If any)	From: City & State
For addition	onai Sisters, piease	e add to - <u>Others-</u> section on th	ns page	
Grandchild	lren: Total	Number:		
Nar	me	Name	Name	Name
For additional Gra	andchildren please	add to - <u>Others-</u> section on thi	is page	
Great-gran	dchildren:	Total Number:		
Nar	me	Name	Name	Name
For additional Gre	eat-grandchildren, <sub>l</sub>	olease add to - <u>Others-</u> section	n below	
Others: For	additional family m	ember from above please ado	I here.	

Living Relatives (Continued)

Name

Name

Relation

Relation

## **Funeral Services** When would you like to have visitation? (Available with Burial and Cremation Services) N/A: Preferred Day: Preferred Times: Where would you like to have a funeral service? Church: Funeral Home: Other: N/A: If Church, Which one: Preferred Time: Clergy: Have you already talked to the clergy about doing the service? NO: None: Preferred Clergy: Affiliated Church: Clergy Phone Number: (If they gave you special number, ie. Cell Phone) What would you like the final disposition to be? Burial: Cremation: Undecided: Do they have Cemetery Lots? YES: NO: Unknown: Cemetery Name: Approximate Location of Cemetery: **Obituary** Would you like an Obituary for Decedent? YES: NO: **Next of Kin** (Person Legally Responsible for Disposition) Are you the Spouse of the Decedent? YES: NO: If YES, do you live at the Same Address as Decedent? YES: NO. If NO, Please fill out the Following Information:

First Name Last Name Middle Initial

Number and Street City State Zip

Primary Phone Number Secondary Phone Number Other Phone Number (Possibly someone you will be with the most)

Email Address(es):

Person Filling this form out: (If your contact information is not above, please fill out below)

Primary Phone Number Name