



GLUNT FUNERAL HOME AND CREMATORY^{INC}

210 ERIE STREET • EDINBORO, PA 16412

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.

First

Middle

Last

Deceased Full Name:

Age:

Number and Street

City

State

Zip

Current Address:

Is the address in the City or Borough Limits?

YES: NO:

If NO, which township?

Number of years at residence:

Former Address (city/state):

Date of Birth: / /

Marital Status:

Place of Birth

City:

State:

County:

Social Security Number:

Race:

Were they of Hispanic Origin?

YES:

NO:

Father's Name:

(First, Middle, Last)

Living / Deceased

Mother's Name:

(First, Middle, Maiden, Last)

Living / Deceased

Occupation:

Places worked and how long:

Education:

High school attended:

Did they earn HS Degree 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?

YES:

NO:

Branch:

Years Served:

Highest Rank Attained:

War they served in?

or Peacetime?

Were they a member of any:

Clubs:

Lodges:

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.)

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*

Name

Relation

Name

Relation

Living Relatives

Spouse: First Middle Last Maiden (If applicable)

Spouses Date of Birth: / /

Spouses Place of Birth: **City:** **State:**

Spouses Social Security Number: _____ **Phone #** _____

Sons:	Total Number:	
Name	Spouses Name (If any)	From: City & State

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

Daughters:	Total Number:		
	Name	Spouses Name (If any)	From: City & State

For additional Daughters, please add to -Others- section on 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)

Living Relatives (Continued)

Sisters:	Total Number:		
	Name	Spouses Name (If any)	From: City & State

For additional Sisters, please add to -Others- section on this page

Grandchildren:	Total Number:		
	Name	Name	Name

For additional Grandchildren please add to -Others- section on this page

Great-grandchildren:	Total Number:		
	Name	Name	Name

For additional Great-grandchildren, please add to -Others- section below

Others: *For additional family member from above please add here.*

Name	Relation	Name	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? Yes: 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 Middle Initial Last Name

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)*

Name

Primary Phone Number