



GLUNT FUNERAL HOME AND CREMATORY^{INC}

210 ERIE STREET • EDINBORO, PA 16412

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Harry D. Glunt, L.F.D.



An information gathering tool prepared by

Glunt Funeral Home and Crematory, Inc. to

assist in your funeral planning.

GLUNT FUNERAL HOME AND CREMATORY, INC.

At-need Information Form

Please complete this form to the best of your ability.

If a box does not apply to you, or you do not know the answer, simply leave it blank. The information collected here will assist us in completion of the death certificate, other required forms and the obituary.

(Note: Not all information provided here will be used in the obituary.)

First Name:

Last Name:

The person filling out this form:

Street Address:

City, State, Zip:

Relationship to person who this prearrangement is for:

Email Address:

Best Phone Number to reach you at:

Funeral Information Form

Information about the individual the funeral is for:

Name	First Name:	Middle Name:	Last Name:
	Maiden Name: (If applicable)	Nickname:	Could the person have gone by any other names? Yes: No:

Address	Number and Street:			
	City:	State:	Zip:	County:
	Number of years at residence:	Is the address in the City or Borough Limits? Yes: No:		If NO, which township?

Statistical Info	Date of Birth	City of Birth	State or Country of Birth
	Social Security Number	Ethnic Origin:	Gender:

Education	Highest Level of Education Earned:	
	8th grade or less	Associate degree (e.g. AA, AS)
	No diploma 9-12th grade	Bachelor's degree (e.g. BA, AB, BS)
	High school graduate or GED completed	Master's degree (e.g. MA, MS, MEd, MSW, MBA)
	Some college credit but no degree	Doctorate (e.g. PhD) or Professional degree (e.g. MD, DDS)
High School attended & year Graduated	College(s) Attended & year Graduated:	

Employment	Usual Occupation:	Type of Industry:
	(e.g. Farmer, Supervisor, Assembler, etc..)	(e.g. Dairy Farm, Manufacturing, Automotive, etc..)
	Work History:	Was the person retired from working? Yes: No:

Interests	Hobbies & Interests	Clubs & Associations
	List any Interest or Hobbies this person would like to include:	List any Clubs, Associations or Orders that this person was involved:

Marital Status	Marital Status:			
	Spouse's First Name:	Middle Name:	Last Name:	Maiden Name (if applicable)
	Date of Birth:	Social Security Number:	Phone Number:	Does the Spouse Live at the same address?
				Yes: No:

Parents	Father's First Name:	Middle Name:	Last Name:	
	Living	Deceased		
	Mother's First Name:	Middle Name:	Last Name:	Maiden Name:
	Living	Deceased		

Children	Living Sons:	Deceased Sons:
	First & Last Name; Spouse's Name (if applicable); & from (City, State)	First & Last Name; Spouse's Name (if applicable); & from (City, State)
	Living Daughters:	Deceased Daughters:
	First & Last Name; Spouse's Name (if applicable); & from (City, State)	First & Last Name; Spouse's Name (if applicable); & from (City, State)

Siblings	Living Brothers:	Deceased Brothers:
	First & Last Name; Spouse's Name (if applicable); & from (City, State)	First & Last Name; Spouse's Name (if applicable); & from (City, State)
	Living Sisters:	Deceased Sisters:
	First & Last Name; Spouse's Name (if applicable); & from (City, State)	First & Last Name; Spouse's Name (if applicable); & from (City, State)

Grandchildren	Living Grandchildren:	Deceased Grandchildren:
	First & Last Name; Spouse's Name (if applicable); & from (City, State)	First & Last Name; Spouse's Name (if applicable); & from (City, State)
	Living Great-Grandchildren:	Deceased Great-Grandchildren:
	First & Last Name; Spouse's Name (if applicable); & from (City, State)	First & Last Name; Spouse's Name (if applicable); & from (City, State)

Other Relatives	Other Living Relatives or Special Individuals:	Other Deceased Relatives or Special Individuals:
	First & Last Name; Spouse's Name (if applicable); & from (City, State)	First & Last Name; Spouse's Name (if applicable); & from (City, State)

Funeral Service Choices

**** NOTE - ALL Dates and Times are contingent upon the schedule of the Church, Minister and/or Funeral Home.****

Visitation	Would you like to have Visitation?	Preferred Times for Visitation:
	Available with both Burial and Cremation	

Funeral Services	Would you like to have a funeral or memorial service?	Preferred Time for Service
	Available with both Burial and Cremation	

Religious Affiliation	Is there any religious affiliations?	YES:	NO:	UNKNOWN:
	Preferred Church:	Preferred Minister:		

Final Disposition	Would you prefer burial or cremation?	What would you like the Final Disposition to be?
	Are there Cemetery Lots designated?	Cemetery Name:

Funeral Service Option

Please list any musical selections you would like to include in their services.

Please list any special themes you would like to include in their services.

Please list any poems, religious texts, or readings you would like to include in their services.

Are there any special stories, personal thank you's, or messages of hope you would like to include?

Other Information

Military Service Info

Was the person or their spouse in the US Armed Forces?

Branch of Military:

Do you have a copy of the veterans Military Discharge paperwork (DD-214)?

Physician or Hospice Info

Was this person under a doctors care?

Name of Primary Doctor:

Was this person been admitted into a hospice program?

Name of Primary Doctor:

Obituary Options

Would you like an obituary published?

Would you like to have an obituary or short notice placed on the GFH website?

Other Items Not Listed

Other items or services you would like to list: