



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 information gathering tool prepared by
Glunt Funeral Home and Crematory, Inc.
to assist in your funeral pre-planning.*

GLUNT FUNERAL HOME AND CREMATORY, INC.

Pre-Need Information Check List

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.)

Are you completing this form for:

YOURSELF (Please skip to next page)

SOMEONE ELSE

Person completing this form:

Name:

Street Address:

City, State, Zip:

Email Address:

Primary Phone:

Pre-Need Information Check List

Full Name: First Middle Maiden Name Last

(Individual funeral is for)

Current Address: Number and Street

City State Zip

Number of years at residence:

Is the address in the City or Borough limits? YES: NO:
If NO, which township?

Former Address, if applicable (City/State):

Date of Birth: / / **Marital Status:** Married Widowed Separated
Divorced Never Married Unknown

City State County

Place of Birth:

Social Security Number:

Race: YES:
Are you of Hispanic Origin? NO:

Father's Name: First Middle Last

Living:
Deceased:

Mother's Name: First Middle Maiden Name Last

Living:
Deceased:

Occupation:

Places worked and how long:

Education: (highest level 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, MEng, MEd, MSW, MBA)
Some college credit but no degree	Doctorate (e.g. PhD) or Professional degree (e.g. MD, DDS)

Education: (continued)

High school attended:

College(s) attended:

College degrees earned:

Military Veteran or Spouse of Veteran?

YES:

NO:

Branch of service:

Service number:

Years served:

Highest rank attained:

War served in?

or Peacetime?

Are you able to locate the veterans DD214? (discharge paperwork)

YES:

NO:

Memberships in any:

Clubs or organizations:

Lodges:

Would you like a service from any of these clubs or lodges?

YES:

NO:

If yes, which one(s):

Offices held? (e.g: President, Worshipful Master, Worthy Matron)

Notable awards received?

Hobbies, interests or special things enjoyed: (e.g. hunting, fishing, cross stitch, etc.)

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 additional relatives from above*

Name

Relation

Name

Relation

Living Relatives

Spouse: First Middle Last Maiden (If applicable)

Spouse's date of birth: / / Phone number:

Spouse's place of birth City: State:

Spouse's Social Security number:

Sons: Total Number:

Name	Spouse's Name (If any)	From: City & State
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For additional Sons, please add to -Others- section on page 5

Daughters: Total Number:

Name	Spouse's Name (If any)	From: City & State
------	------------------------	--------------------

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

Brothers: Total Number:

Name	Spouse's Name (If any)	From: City & State
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For additional Brothers, please add to -Others- section on page 5

Living Relatives (Continued on Next Page)

Living Relatives (Continued)

Sisters:

Total Number:

Name

Spouse's Name (If any)

From: City & State

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

Grandchildren:

Total Number:

Name

Name

Name

Name

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

Great-grandchildren:

Total Number:

Name

Name

Name

Name

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

Others:

Add additional family members here.

Name

Relation

Name

Relation

Funeral Services

Would you like to have calling hours? *(Available with Burial and Cremation Services)*

Yes:

No:

Family to decide:

Would you like to have a funeral service?

Yes:

No:

Family to decide:

Preferred location:

Church:

Funeral Home:

Other:

If Church, which one:

Preferred Clergy:

Clergy Phone Number: *(If they gave you special number, e.g. Cell Phone)*

Final disposition?

Burial:

Cremation:

Undecided:

Cemetery lots owned or have permission to use?

YES:

NO:

Unknown:

Cemetery name:

Approximate location of cemetery:

Name cemetery deed is in:

Obituary

Would you like an obituary published? YES: NO:

The family would like assistance in writing the obituary:

The family is planning on writing the obituary:

Next of Kin *(Person Legally Responsible for Disposition)*

Spouse: (no need to fill out information below)

First Name

Middle Initial

Last Name

Child:

First Name

Middle Initial

Last Name

Other:

Number and Street

City

State

Zip

Primary Phone Number

Secondary Phone Number

Email Address(es):