



# GLUNT FUNERAL HOME AND CREMATORY<sup>INC</sup>

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.

## Preneed 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.)

**Are you completing this form for:**                      **YOURSELF** (Please skip to next page)

**SOMEONE ELSE**  
(Please complete info below)

First Name:

Last Name:

Street Address:

City, State, Zip:

Relationship to person who this prearrangement is for:

Email Address:

Best Phone Number to reach you at:

# Funeral Preneed Information Form

## Information about the individual this prearrangement 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, MEng, 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:	Is the person retired from working? Yes: No:

<b>Interests</b>	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:	

  

<b>Marital Status</b>	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:

  

<b>Parents</b>	Father's First Name:		Middle Name:		Last Name:		
	Living		Deceased				
	Mother's First Name:		Middle Name:		Last Name:		
	Living		Deceased				
				Maiden Name:			

  

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

  

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

Grandchildren	<b>Living</b> Grandchildren:	<b>Deceased</b> Grandchildren:
	First & Last Name; Spouse's Name (if applicable); & from (City, State)	First & Last Name; Spouse's Name (if applicable); & from (City, State)
	<b>Living</b> Great-Grandchildren:	<b>Deceased</b> 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	<b>Other Living</b> Relatives or Special Individuals:	<b>Other Deceased</b> 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 this person like to have Visitation?	Preferred Times for Visitation:
	Available with both Burial and Cremation	

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

Religious Affiliation	Does this person have any religious affiliations?	YES:	NO:	UNKNOWN:
	Preferred Church:	Preferred Minister:		

Final Disposition	Would this person prefer burial or cremation?	What would they like the Final Disposition to be?
	Do they have to Cemetery Lots?	Cemetery Name:

Funeral Service Option

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

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

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

Are there any special stories, personal thank you's, or messages of hope this person 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

Is this person under a doctors care?

Name of Primary Doctor:

Has this person been admitted into a hospice program?

Name of Primary Doctor:

Obituary Options

Would this person like an obituary published?

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

Other Items Not Listed

Other items or services this person would like to list:

I SAVED THE FORM

I PRINTED THE FORM  
FOR MY RECORDS

If you are planning on sending this form to the funeral home,  
please save a copy on your computer and attach that file to  
an email to [gluntfuneralhome@gmail.com](mailto:gluntfuneralhome@gmail.com).

If you have trouble with anything on the form or getting it back  
to us, please don't hesitate to call or text the funeral home at  
814-734-1611.

Thank you very much,  
David Glunt