FUNERAL PLANNING GUIDE

ARRANGMENT MEETING:	
FULL (MAIDEN) NAME OF DECEASED	
DATE OF BIRTH	PLACE OF BIRTH
MILITARY SERVICE	
HIGHEST EDUCATION LEVEL	SOCIAL SECURITY NUMBER
SPOUSE'S FULL (MAIDEN) NAME & SOCIAL SECURITY NUMBER	
OCCUPATION	JOB LOCATION
STREET ADDRESS	
FATHER'S NAME	MOTHER'S MAIDEN NAME
WOULD YOU LIKE TO HAVE VISITATION	
CHURCH	DOCTORS NAME/TELEPHONE
IS A CEMETERY PLOT OWNED? IF SO WHERE?	

ITEMS NEEDED FOR FUNERAL ARRANGEMENTS	
❑ PICTURE OF THE DECEASED	❑ GLASSES
❑ FULL SET OF CLOTHES	❑ DENTURES
❑ MILITARY DISCHARGE (DD-214)	❑
❑ NAMES FOR NEWSPAPER NOTICE	❑