



# Preplanning Form

Thank you for downloading our printable preplanning form.

Please fill out all of the below requested information about you or your loved one.

Our Advance Funeral Planning Specialist will review this information with you during your appointment..

## Vital Statistic Information

Full Legal Name (as listed on social security card) : \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County and/or Township: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth (City, State OR Country): \_\_\_\_\_

Father's Name (First, Middle & Last): \_\_\_\_\_

Mother's Name (First, Middle & Maiden): \_\_\_\_\_

Marital Status (Please check one of the below options):

- Married  Married but Separated  Widowed  Divorced  Never Married  Unknown  
 Civil Union  Civil Union, Separated  Widow of Civil Union  Civil Union, Divorced

Spouses Name (First, Middle Last/Maiden): \_\_\_\_\_

## Education / Work History

Highest Level of Education: (Please check one of the below options):

- 8th Grade or less  9th-12th Grade - No Diploma  High School Graduate or GED Completed  
 Some college credit, no degree  Associates Degree  Bachelor's Degree  
 Master's Degree  Doctorate or Professional Degree  Unknown

Usually Occupation (Cannot list retired): \_\_\_\_\_

Type of Business/Industry: \_\_\_\_\_

## Veteran Information

Did you serve in the military?  Yes  No

Branch Of Service: \_\_\_\_\_

Do you have a copy of your discharge papers (DD-214)? \_\_\_\_\_

Would you like honors at a visitation or funeral service (must have DD-214)?  Yes  No

## Next Of Kin / Informant / Beneficiary

Legal next of kin's name (First, Middle, Last): \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Preneed Client: \_\_\_\_\_

## Funeral Service Requests & Details

Disposition:  Burial  Cremation

Place of Visitation:  Funeral Home  Church  Other  None

Place of service:  Funeral Home  Church  Other  Graveside Only

Religious Denomination: \_\_\_\_\_

Place of Worship: \_\_\_\_\_

Songs to be played during service (If applicable):

\_\_\_\_\_  
\_\_\_\_\_

Prayers/verse/poem to be said during service (If applicable):

\_\_\_\_\_  
\_\_\_\_\_

Flowers for service: \_\_\_\_\_

Pallbearers (4-8 recommended):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Obituary Information

Would you like the obituary run in a newspaper?  Yes  No  Website Only

Which newspaper(s)? \_\_\_\_\_

Would you like a photo to run with the obituary:  Yes  No

Hobbies/Interests:

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Affiliations/Awards:

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Children - List in age order - child first followed by spouse in parentheses - Ex: Son (Daughter-in-law) Last name:

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Grandchildren:

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Siblings - List in age order - child first followed by spouse in parentheses - Ex: Brother (Sister-in-law) Last name:

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Other family you'd like mentioned:

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Memorial donations (in lieu of flowers):

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If you haven't already - please contact any of our locations to set up an appointment with our Advance Funeral Planning Specialist to ensure your wishes are on file.

847-381-3411  
**Barrington**

815-459-3411  
**Crystal Lake**

847-550-4221  
**Lake Zurich**