

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**610 Ramsey Street
Fayetteville, NC 28301**

www.sullivanshighland.com

Pre-arranging a funeral—whether that means preplanning, making specific arrangements, or prepaying—is not for everyone but can be immensely helpful for some. It gives assurance that your wishes and instructions will be carried out. It is our purpose to offer our help fairly, honestly, and compassionately. We believe we have responsibility to help people make the correct decision for themselves by providing them with information and explaining possible options. When you reach a decision, our help is available to carry out your instructions. Sullivan's Highland Funeral Service & Crematory, Inc. can help you and your family during this stage in your life. By reading through this packet at your leisure and filling out what you feel is comfortable, you are ensuring your final instructions will be carried out. The questions asked in this brochure provide your family and the funeral home with necessary information for filling out forms such as the death certificate, social security form, newspaper obituary and veterans' notification. Some of this may be useful to your family at the time of death when locating important papers and arranging the funeral service. There are several options available to you upon the completion of this booklet. The most important thing to keep in mind is to make sure that someone else knows where this is located. Please do not hesitate to call us if you have any questions when completing this booklet.

Requested readings, poetry or religious text (if applicable):

Some things I would like to have shared at the ceremony would be *(you may wish to attach additional pages)*:

In lieu of flower, memorial donations to the following organizations, ministries and/or charities:

Name : _____

Address: _____

Name : _____

Address: _____

My Important Contacts & Information

Personal Advisors can be invaluable in assisting your family members during the difficult time following a death, give your family easy access to contact the by filling the information below as accurately as possible.

☐ **Executor/Administrator:** _____

☐ **Lawyer:** _____

☐ **Accountant:** _____

☐ **Financial:** _____

Pallbearers (Name & Contact Information):

Special affiliations for my ceremony should include:

- ☐ Military:
- ☐ Organizations:
- ☐ N/A
- ☐ Other (specify):

Music

- ☐ Pre-recorded music (specify):
- ☐ Live Music

☐ Soloist (specify):

☐ Group (specify):

☐ Musician(s) (specify):
- ☐ Congregational Songs (specify):
- ☐ Special Music (specify):
- ☐ No Music

Biographical Record

Full Name:

If Female, Last Name Prior to Marriage:

Gender: Male Female

Date of Birth:

Birthplace:

Marital Status:

Name of Spouse (If Female, Last Name Prior to Marriage):

Most Recent Occupation:

Social Security Number:

Residential Address:

Residence inside the city limits: Yes No

Military Service: Yes No Branch of Service:

**If yes, please provide a copy of your DD214 or other military discharge documents*

Decedent’s Education:

Decedent of Hispanic Origin:

Ex: Not Spanish/Hispanic/Latino Mexican Mexican American Chicano Puerto Rican Cuban Other Spanish/Hispanic/Latino

Decedent’s Race:

Ex: Black/African American American Indian/Alaska Native Asian Indian Chinese Filipino Japanese Korean Native Hawaiian Guamanian/ Chamorro White Vietnamese Other Asian (specify) Samoan Other Pacific Islander

Parents Names (If Female, Last Name Prior to Marriage)

Father’s Last Name/Parent:

Mother’s Last Name/Parent:

Information Regarding Immediate Family Members:

Advanced Planning Guide

Arrangements should be made by (select all that apply):

- ☐ My Spouse
- ☐ My Father
- ☐ My Mother
- ☐ My Children
- ☐ A sibling
- ☐ Other (specify): _____

I would like my remains to be handled as follows:

- ☐ Ground Burial
 - ☐ Location: _____
- ☐ Interred in a Mausoleum
 - ☐ Location: _____
- ☐ Cremation, with cremated remains:
 - ☐ Interred in mausoleum (niche): _____
 - ☐ Interred in a burial plot: _____

I would like a:

- ☐ Traditional funeral, followed by burial or cremation
- ☐ Direct burial or cremation, followed by a memorial service
- ☐ Direct burial or cremation, no memorial service
- ☐ Other (please explain): _____

Traditional Funeral/Memorial Services Preferences

Ceremony Preferences (if applicable):

- ☐ No ceremony
- ☐ Funeral ceremony at place of worship: _____
- ☐ Funeral ceremony at funeral home
- ☐ Graveside ceremony (specify): _____
- ☐ Memorial ceremony at (specify): _____
- ☐ Other (specify): _____

Visitation and view preference (if applicable):

- ☐ At the funeral home
- ☐ At place of worship
- ☐ Open casket
- ☐ No Viewing / Closed casket
- ☐ Visitation the night before the ceremony
- ☐ Visitation hours prior to ceremony
- ☐ I'm not sure
- ☐ Other (please explain): _____

Ceremony Officiant: (i.e.,/clergy/speaker) (if applicable)

- ☐ First Choice: _____ Phone #: _____
- ☐ Second Choice: _____ Phone #: _____
- ☐ Other Speakers: _____ Phone #: _____

Personal Preferences (if applicable)

- ☐ Specific clothing: _____
- ☐ Jewelry
- ☐ Glasses
- ☐ Other (specify): _____