Price Funeral Homes - Superior and Nelson, Nebraska
P.O. Box 282, 750 N Commercial
Superior, Nebraska 68978
402-879-3900 or Fax 402-879-3999
Email: info@pricefuneralhomes.net
Website: pricefuneralhomes.com

BIOGRAPHICAL INFORMATION

*Full Name:_____Age: ( ) Years ( ) Months ( ) Days
How you would like name on funeral folder & news media: _____
*Full Address:_____On Farm: Yes ( ) No ( )
*Occupation_____*Social Security No.: _____
(For the death certificate- need kind of work done most of life)
*Father:_____*Mother (Maiden) _____
He/She is one of_____children born to this marriage Ancestry:_____
*Date of birth:_____*Birth Place_____In City Limits: Yes ( ) No ( )
Schools Attended:_____*Highest Grade Completed_____
Member of what Church:_____How Long?_____
Baptism: Date_____Place_____Minister_____
Confirmed: Date_____Place_____Minister_____
Married to: (Maiden)_____Date_____Place_____
Number of children born to this marriage?_____
*Veteran? Yes ( ) No ( ) **If so the Funeral Home will need a copy of discharge DD214**
Dates of service_____Branch_____
If in nursing home list approximate date entered_____Name of Nursing Home _____
(*items required for death certificate)
Those ***preceded*** in death were: Husband of Wife_____
Date_____
Parents_____Sons_____Daughters_____Brothers_____Sisters_____
Please Give Names:

_____
_____
_____
_____

Surviving relatives: List addresses after all names:
Husband or Wife_____Address_____
If parents and grandparents survive, list names and addresses below:

_____
_____
Children: Spouse: Address:
_____
_____
_____
_____
Grandchildren_____# Great Grandchildren_____# Great-Great Grandchildren_____
List names if you wish them to appear in the obituary._____
_____
_____
_____
Brothers and Sisters: (List addresses & Spouses after all names) Address
_____
_____
_____
_____

(Over)

FUNERAL INSTRUCTIONS

Place of Service: _____
Officiating Clergy: _____
Please specify: (☐) Burial (☐) Cremation (☐) Memorial
Place of Burial: _____ City _____
Is the grave marked with a monument Yes (☐) No (☐) If not I will place a temporary marker on the grave
Are you interested in a monument, may I show you some? Yes (☐) No (☐)
Type of Casket Desired _____
Outer Receptacle (☐) Vault (☐) Mausoleum (☐) Urn (☐) Other
Organist: _____ Vocalists: _____
Songs: _____

_____

_____

Pallbearers: _____

_____

Honorary Pallbearers: _____

_____

Do you wish a military service at the graveside? Yes (☐) No (☐) Taps (☐) Flag Folding (☐) Gun Salute (☐)
Do you have any memorial gift preferences? _____
(Hospital, Church, Organizations, Etc.)
Hairdresser: _____
Would any family member like to participate with the funeral ceremony (reading a tribute, etc.) Yes (☐) No (☐)
If yes please give name: _____
Do you have any special wishes in regard to the funeral ceremony? Please specify _____

_____

_____

Would you like to have a family flower service? Yes (☐) No (☐) If so, one hour before the funeral, evening before the funeral etc: _____
Where would you like to sit during the funeral? _____
(Chapel or family room)
Please furnish clothing, jewelry, & glasses you wish the person to wear & specify if you want the jewelry removed before closing the casket _____
Would the family like the Funeral Home to write the obituary? Yes (☐) No (☐)
Personal requests & special instructions:

_____

_____

_____

List communities lived in during lifetime: _____

_____

_____

List clubs, memberships & organizations belongs to, offices held, etc. _____

_____

_____

_____

Please list any other items you want used in the obituary, such as hobbies & personal items.

_____

_____

_____

_____

_____

_____

Date: _____ Signed: _____