

Dear Friends,

Many times families are at a loss concerning their loved one's final wishes. At times like these, decisions are often extremely difficult to make.

Because we care, we have created this booklet designed to help in decision making and providing your loved ones with the peace of mind they need.

By completing this booklet, your family will know your background information and final wishes.

Please keep this booklet in a safe place or give it to your funeral director to keep as part of a pre-arrangement file.

If you have any questions, please contact us. We're here to help.

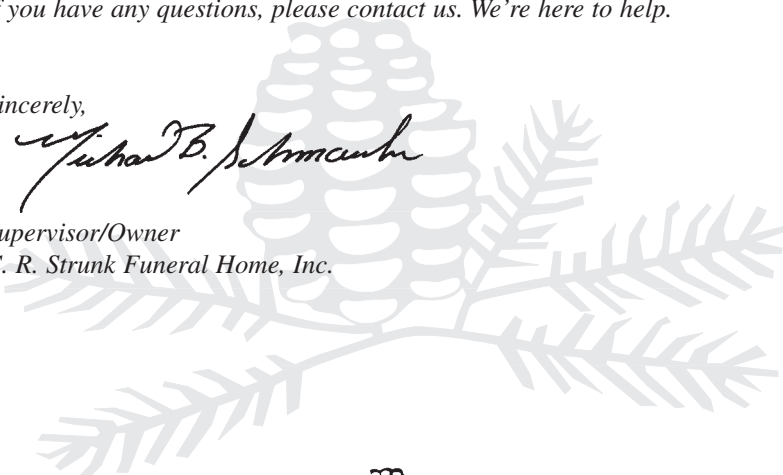
Sincerely,



Michael B. Strunk

Supervisor/Owner

C. R. Strunk Funeral Home, Inc.



C.R. Strunk
FUNERAL HOME INC.

821 W. Broad Street
Quakertown, PA 18951
215-536-6550
www.crstrunk.com

“The Caring Professionals”

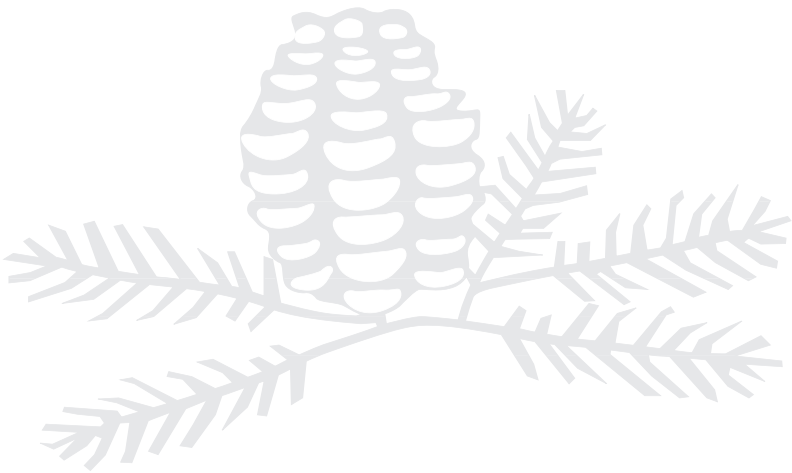
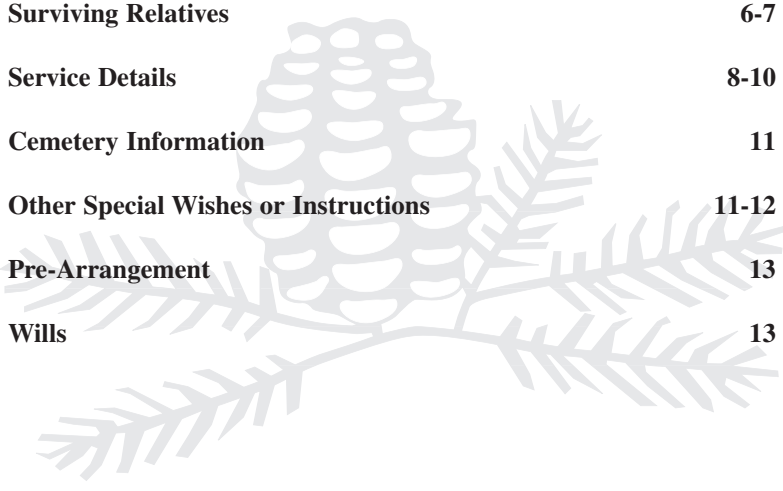


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Vital Statistics Information

This information will be required for completing the death certificate.

Full Name _____

Address _____

Telephone _____

Marital status _____

If wife, maiden name _____

Name of spouse _____

Place of birth _____

Date of birth _____

Social security # _____

of years of education _____

Occupation _____

Father's name _____

Mother's maiden name _____

Next of kin (address, phone number) _____

Number of death certificates needed _____

(required for insurance, stock, loans, banks, estate, etc.)

Veteran's Information

Rank _____

Serial number _____

Branch of service _____

Date of entry _____

Date of discharge *(attach copy of form DD 214)* _____

Information For Obituary

List of newspapers for obituary to be placed

Church, committees, organizations, clubs, fraternal, veterans

Work history

Family Information

Spouse's full name _____

If wife, maiden name _____

Date of marriage _____

This information is vital for Social Security benefits:

Former marriages (dates and former spouses names) _____

Places previously lived

Other information you would like included in the newspaper

(ie: hobbies, sports, etc)

Children

Name _____ Spouse _____

Address _____

Name _____ Spouse _____

Address _____

Name _____ Spouse _____

Address _____

Name _____ Spouse _____

Address _____

Name _____ Spouse _____

Address _____

Grandchildren

May list names or quantity of _____

Name _____

Name _____

Name _____

Name _____

Great-Grandchildren

May list names or quantity of _____

Name _____

Name _____

Name _____

Name _____

Surviving Relatives

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Please use this page for additional survivors or pre-deceased relatives you wish to have listed in the obituary.

Memorial Contributions

Check choice:

- no memorial contribution
- in lieu of flowers
- in addition to accepting flowers

Memorial contributions can be made to _____

Address _____

Service Details

Type of service _____

(examples: traditional funeral, memorial service, cremation, burial, public, private)

Are you a member of the Anatomical Gift Registry? yes _____ no _____

Are you a registered organ donor? yes _____ no _____

Viewing just before service? _____

Night before service? _____

No viewing _____

Family only viewing _____

Location of viewing _____

Funeral

At the funeral home? _____

At the church? _____

At the graveside? _____

At another location? _____

Casket open or closed for funeral? _____

If cremation is requested:

Direct cremation, no services? _____

Direct cremation followed by memorial service? _____

Viewing and funeral followed by cremation? _____

Burial of cremains? _____

Scattering of cremains? _____

Family to keep urn? _____

Type of urn - wood, metal, ceramic, marble? _____

If burial is requested: _____
 Type of casket - metal or wood? _____
 Type of burial vault - plain concrete, lined and sealed concrete? _____

Clergy

(In addition to the above information you may want to discuss worship order with your clergy - readings, psalms, communion)

Preferred _____

Contact info:

Name _____

Address _____

Phone _____

Fraternal or military services? _____

Other speakers? _____

Music _____

Organist preferred - name & contact information _____

Taped music? _____

No music? _____

Special music? _____

Requested songs _____

Memorial folders or prayer cards? _____

Style? _____

Special Verse? *(funeral home should have selections on hand)* _____

Flowers - style, colors, florist desired? _____

Pallbearers _____

Clothing you wish to wear - style, color, type (suit, nightclothes, etc) _____

Jewelry you would like to wear _____

Do you wish to have any jewelry removed prior to closing the casket?

yes no

Please specify _____

Do you wish to have any pictures or personal memorabilia displayed or used during the memorial tribute?

Please specify _____

Cemetery Information

Cemetery name _____

Cemetery town and state _____

Deed (attach copy of deed) _____

Name of plot owner (deeded to) _____

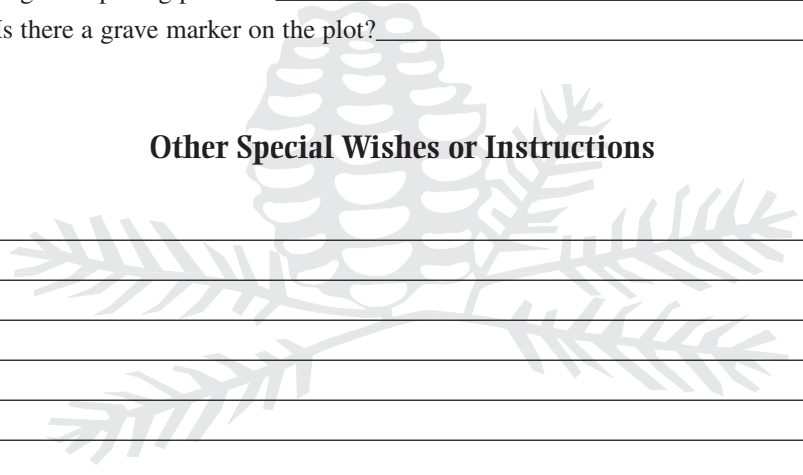
Other burials on plot _____

Is plot paid for? _____

Is grave opening paid for? _____

Is there a grave marker on the plot? _____

Other Special Wishes or Instructions



Pre-Arrangement

Are your funeral plans prearranged? (*please check*) yes no

Funeral home of choice: C.R. Strunk Funeral Home, Inc., Quakertown, PA

Are there funds set aside for your services? _____

If so, please specify:

Prepaid with a funeral home

Name of funeral home _____

Bank

Name of bank _____

Insurance Policy

Name of insurance _____

Policy number _____

Wills

Do you have a living will? yes no

Do you have a will? yes no

Attorney's name _____

Address _____

Phone number _____



Contact us. We're here to help you.



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