

FUNERAL PLANNING

GUIDE

CREATED BY

Date _____

Leonard Funeral Home & Crematory
2595 Rockdale Rd, Dubuque, Iowa 52003
563-556-6788; Leonardfuneralhome.com
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Certified Preplanning Consultant

Basic Information

Your funeral director will need basic information to complete required paperwork

Name: _____

Current Address _____

Former Address: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Father's Name: _____

Mother's Name: (give maiden) _____

Marital Status: M W S D

Spouse Name: (give maiden) _____

Highest Level of Education Completed: _____

Occupation: _____ Industry: (type of business) _____

Military Service: Yes No Branch _____ Service Number: _____

Rank: _____ Date of Entry: _____ Date of Release: _____

(The funeral home will need a photo copy of the military discharge)

Person or Persons of Contact

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Service Information

Type of Service

Traditional Funeral ____ Direct Burial ____ Traditional Cremation ____
Memorial Service ____ Direct Cremation ____

Place of Worship: _____

Clergy Name & Phone: _____

*Traditional Funeral:

Visitation at: Funeral home ____ or Church ____

Funeral Service at: Church ____ Funeral Home ____ Cemetery Chapel ____

Type of Casket Preferred _____

Type of Vault Preferred _____

Cemetery:

Name of Cemetery _____

Burial: I do own a burial plot ____ I do not own a burial plot ____

Entombment: I do own a mausoleum space ____ I do not own a mausoleum space ____

Monument: I do own a monument ____ I do not own a monument ____

Military Detail: Yes ____ No ____

*Direct Burial

Name of Cemetery _____

Burial: I do own a burial plot ____ I do not own a burial plot ____

Entombment: I do own a mausoleum space ____ I do not own a mausoleum space ____

Monument: I do own a monument ____ I do not own a monument ____

***Traditional Cremation Service**

Visitation at: Funeral home ____ or Church ____
Funeral Service at: Church ____ Funeral Home ____

Cremation is to be done:

After visitation and have urn present for services next day ____
After funeral services ____
After committal services at cemetery ____
Military Detail: Yes ____ No ____

Burial of Urn:

Name of Cemetery _____
Burial: I do own a burial plot ____ I do not own a burial plot ____
Burial is to be place on top of another grave ____ Grave information _____
Entombment: I do own a mausoleum space ____ I do not own a mausoleum space ____
Monument: I do own a monument ____ I do not own a monument ____

***Memorial Service**

Memorial service to be held at _____
Funeral home is to return urn to urn to cemetery ____
Funeral home is to return urn to family ____

***Direct Cremation**

Cremated remains are to be returned to:
Name: _____
Address: _____
Phone: _____
Relationship to deceased: _____

***Types of caskets, vaults, urns, and other merchandise items should be picked out with the funeral home.

Additional Information

This information can also help with planning a funeral

Songs I would like played: _____

Readings: _____

Type of flowers I like _____

I wish my funeral dinner to be held at: _____

Special clothing I would like to wear: _____

Pallbearers Names: _____

Items that should stay with me for burial _____

Special Request: _____

Information for my obituary

(Things to consider are: Picture for obituary, where you went to school, if married, who and when. Where you worked & when retired. Clubs, and organizations, you may belong to, hobbies, interest and also personal quotes. List survivors and those who preceded you in death. If you have a special place you wish memorials to be sent please list that and you may also list a thank you note. You may also list what newspapers you wish the obituary to be placed in.)

(if more room is needed please continue on back of sheet)

