

Planning Ahead



Owned and Operated by the Dingmann Family

www.dingmannfuneral.com

info@dingmannfuneral.com

Chapel Locations:

305 E Park St
PO Box 388
Annandale, MN 55302
320-274-8811

85 N Main St
PO Box 69
Kimball, MN 55353
320-398-5055

108 Oak Ave N
PO Box 577
Maple Lake, MN 55358
320-963-5731

Your local provider of:

*Burial Services ~ Cremation Services
Pre-Planning Services ~ Monument Sales*

How to use this Brochure:

This brochure is designed to gather all the information a funeral home needs when a death occurs. Please complete all of the information to the best of your ability; keep in mind that it is all right to leave some spaces blank. When the brochure is complete, please bring it into the funeral home, where we will place it on file so that it is available at the time of need. We will then give you a full "Thoughtful Decisions Guide." The planning guide will assist you in getting all of your affairs in order, including: wills, insurance policies, bank accounts, veterans documentation & any personal statements that you wish to make available to your family at the time of death.

DEATH CERTIFICATE INFORMATION

Please fill out all information that applies to you in this section. Most of this information is required on legal forms that must be completed within 72 hours of the death.

Full Legal Name _____

Preferred Name _____

Street _____ City _____ State _____ Zip _____

Phone (home) _____ Phone (other) _____

Social Security # _____ Date of Birth _____ Place of Birth _____

Father's Full Name _____

Mother's Full Name (Maiden) _____

Spouse's Full Name (Maiden) _____

Marital Status _____ Date of Marriage _____ Date of Death of Spouse _____

Place of Marriage _____

Years of High School Education _____ Class of _____ School Name/Location _____

Years of Post High School Education _____ Class of _____ School Name _____

Other Education Received _____

Occupation _____ Employer _____ # of years _____

Occupation 2 _____ Employer 2 _____ # of years _____

Occupation 3 _____ Employer 3 _____ # of years _____

Church Affiliation _____ Church Organizations _____

Lodge/Civic Organizations/Memberships _____

Interests, Hobbies, etc. _____

Branch of Military _____ Rank _____ War _____

Date of Enlistment _____ Date of Discharge _____

Other Military Information _____

Initial: _____ Date: ____/____/____

SURVIVOR INFORMATION

Please list all living family members and their spouses along with the city that they live in. Please list family members that have died in the "Preceded in Death" section on the next page.

Please list names as follows: FIRST NAME (SPOUSE'S NAME) LAST NAME of CURRENT CITY OF RESIDENCE

Spouse _____ of _____

Parents _____ of _____

Children & their spouses _____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

Siblings & their spouses _____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

Initial: _____ Date: ____/____/_____

Number of Grandchildren ____ Grandchildren's Names _____

Number of Great Grandchildren ____ Great Grandchildren's Names _____

Number of Great Great Grandchildren ____ Great Great Grandchildren's Names _____

Other Survivors _____

Preceded in Death by _____

Pallbearers (6-8) _____	Honorary Pallbearers _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Initial: _____ Date: ____/____/_____

SERVICE INFORMATION

Completing this section is a way to let family know your preference for the service. Please fill it out to the best of your ability. If you are not certain of what you would like or something does not apply to you, you may leave the line blank. Any information completed may be changed at any time.

Location of Funeral _____

Location of Visitation _____

Clergy / Officiant _____

Musicians _____

Cemetery _____ Cemetery Location _____

Cemetery Lot Description _____ Lot Owner _____

Location of Luncheon _____

Menu Preference _____

Check all of the following that apply:

- Night Before Visitation 1-Hour Prior Visitation Private Viewing Public Viewing
- Burial Cremation Military Honors _____

Scripture Readings _____ Musical Selections _____

Other Service Requests _____

Memorial Donations may be made to _____

Memorial Folder Theme _____ Memorial Folder Verse/Poem _____

Register Book Theme _____ Acknowledgement Theme _____

Type of Casket _____ Type of Vault _____

Type of Urn _____ Type of Urn Vault _____

Clothing Desired _____

Hair Style _____

Additional Comments _____

Printed Name _____ Signature* _____

Date of Completion of this form ____/____/____

* By signing this page, you are not binding arrangements to what has been selected. Arrangements can still be changed at the time of need by your next of kin or by your appointed representative. If you would like this form to be binding, please have a witness sign and date at the bottom of this page. The witness should not be a funeral home employee or your appointed representative. A notary is preferred as a witness, but is not required.

Initial: _____ Date: ____/____/____

OBITUARY NOTICES:

The following are a list of local news outlets. Check all that apply and list additional newspapers in the blank lines below.

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Annandale Advocate | <input type="checkbox"/> Kimball Tri-County News | <input type="checkbox"/> Maple Lake Messenger | |
| <input type="checkbox"/> St. Cloud Times | <input type="checkbox"/> Minneapolis Star Tribune | <input type="checkbox"/> Wright County Journal Press, Buffalo | |
| <input type="checkbox"/> KLFD Radio | <input type="checkbox"/> KDUZ Radio | <input type="checkbox"/> KASM Radio | <input type="checkbox"/> KRWC Radio |
| _____ | | _____ | |
| _____ | | _____ | |

CHECKLIST:

The following is a checklist of items that can further assist your family at the time of need.

- | | |
|--|---|
| <input type="checkbox"/> Purchase Cemetery Space | <input type="checkbox"/> Purchase and Place a monument at the cemetery |
| <input type="checkbox"/> Pre-Pay the funeral service | <input type="checkbox"/> Write an obituary |
| <input type="checkbox"/> Copy of military discharge papers on file at the funeral home | <input type="checkbox"/> Go over funeral service selections with clergy |
| <input type="checkbox"/> File a copy of this form at the funeral home | <input type="checkbox"/> Discuss arrangements with family members |
| <input type="checkbox"/> Health Care Directive | <input type="checkbox"/> Estate Planning with an attorney |
| _____ | |
| _____ | |

Our family has been offering quality care since the turn of the century. We are committed to the highest ideals with all aspects of dying, death, grief and bereavement. Providing sensitive service to all faiths is important to us along with making our services available to all, at the most reasonable cost. It is our desire to share our knowledge with care and compassion and to respond to your trust, with assurance that your wishes are carried out with humility, dignity, and respect.

Our staff is trained to assist with planning funeral services that will be meaningful to you, whatever your needs or wishes may be. You are invited to rely on our four generations of experience in funeral service to help you. We pledge our complete service to you 24-hours-a-day, 7-days-a-week.

Thank you for placing your trust in
Dingmann Funeral Care

Arthur J. Dingmann
Brian R. Dingmann
Dana M. Dingmann



Your local cremation and burial service provider.

Initial: _____ Date: ____/____/_____