

Immediate Need Form

◆ Statistical Information for the Deceased ◆

Name (First/MI/Last): _____

Maiden Name: _____ Gender: Female Male

Race: _____ Hispanic Origin: No Yes

Date of Birth: _____

Place of Birth City: _____ State: _____

Date of Death: _____

Place of Death: Hospital Hospice Nursing Home Home Other

Institution Name or Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Education (0-12) _____ College (1-5+) _____

Social Security Number: _____

Usual Occupation (most of life): _____

Kind of Business or Industry: _____

Marital Status: Never Married Married Divorced Widow/Widower

Spouse Name (First/MI/Last): _____

Maiden Name (if wife): _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Father's Full Name: _____

Mother's Full Name: _____

◆ Veteran Information ◆

U.S. Armed Forces? Yes No

Branch of Service: _____ Serial Number: _____

Date Enlisted: _____ Rank at Discharge: _____

Date Discharged: _____ Honorable Discharge? Yes No

Is a copy of discharge papers available? No Yes → If yes, please bring us a copy.

◆ Type of Disposition ◆

Disposition will be: Earth Burial Mausoleum Entombment
 Cremation Donation

If Cremation, disposition of ashes?

Cemetery Burial or Niche Wall Scatter
 Take Home Not Sure Other _____

Name of Cemetery (if applicable): _____

City: _____ State: _____

◆ Informant's Information ◆

Name (First/MI/Last): _____

Relationship to Deceased: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail: _____

◆ **Funeral/Memorial Service Information** ◆

Preferred Date of Visitation: _____

Preferred Place for Visitation: _____

Preferred Date of Service: _____

Preferred Place of Service: _____

Religion: _____

Clergy Name: _____ Clergy Phone: _____

Casket: _____ Vault: _____

Urn: _____

Organist / Pianist: _____

Vocalist(s): _____

Musical Selections: _____

Floral Selections: _____

Pallbearers: _____

Newspaper(s) for Obituary Placement: _____

Is there a Pre-Need Funeral Insurance on decedent? Yes No

If yes, please specify type: _____

(Ex., FDLIC, Purple Cross, Certificate of Deposit, Trust, etc.)

◆ **Special Instructions** ◆

NOTE: Use the box below to indicate any additional information that may be helpful at this time.

A large, empty rectangular box with a thin black border, intended for providing additional information.