



1134 Main Street · Vilonia, Arkansas 72173

Dear Family Members,

Thank you for placing your trust in our staff to handle the final arrangements of your loved one. Our goal at Vilonia Funeral Home is to make funeral planning as simple as possible. We also know that you may have several questions. This information packet will hopefully answer several of these questions for you, and also save time during the arrangement conference. If you have any additional questions, please do not hesitate to give us a call day or night. We are available to assist you.

Mike Matos – Funeral Director
Vilonia Funeral Home

Telephone: 501-796-2275 | Fax: 501-796-2278
www.viloniafuneralhome.com



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HELPFUL INFORMATION

If an appointment has not already been made, one of our Funeral Directors will call to set an appointment with the family. This is usually done during business hours between 8:30 and 9:30 AM. When you come into the funeral home, your Funeral Director will go over all aspects of the services we offer, and let you choose whatever meets your needs.

PLEASE BRING THE FOLLOWING ITEMS WITH YOU (IF APPLICABLE)

- Information for the newspapers. We can help you write the obituary. The obituary has to be completed before 2:30 PM to make the next day edition.
- A good clear picture of the deceased (we can crop it)
- Clothes (everything they would normally wear including undergarments) shoes are optional.
- Social Security number, parents names (mother's maiden), birthdate and place, and cemetery name.
- If you would like the funeral expenses deducted from life insurance proceeds, bring the policy to the funeral home and we can file the claim for you.
- If the deceased is a veteran it may be necessary to bring a copy of any discharge paperwork.
- Attached is a Memorial Planner for you to review before your appointment at the funeral home. It covers the majority of the information that we will need to help you.

IF YOU HAVE ANY QUESTIONS PLEASE CALL US

Vilonia Funeral Home
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INFORMATION NEEDED FOR THE DEATH CERTIFICATE

Legal Name of Deceased_____

Sex_____ Address_____

City_____ State_____ Zip Code_____

Phone Number_____ Birthdate_____

Citizenship_____

Birthplace (City or County, state)_____

Social Security Number_____

Marital Status_____

Spouses Name (If Wife Include Maiden Name)_____

Fathers Name (First, Middle, Last)_____

Mothers Name (Include Maiden Name)_____

Occupation Or Most Recent Occupation (Not Retired)_____

Type of Industry_____

Highest level of Education Obtained_____

Civic and Fraternal Organizations, Church, etc._____

Is the deceased a Veteran?_____

Veterans Administration Claim Number_____ Branch_____

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INFORMATION NEEDED FOR OBITUARY

Religious Affiliation _____ Church _____

Relatives (Please Note if Deceased)

Father _____

Mother _____

Husband/Wife _____

Sons _____

Daughters _____

Brothers _____

Sisters _____

Grandchildren (No) _____ Grandchildren (No) _____

Which Paper or Papers Do you want the obituary submitted to? _____

Do you want the obituary submitted on our website and social media pages for out of town family and friends to read and share? (FREE) _____

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