

Funeral Planning Guide



*Everything you need for planning ahead for your funeral wishes,
giving your family peace of mind, that they did the right thing.*

Planning Ahead Gives You...



Peace of Mind

Many who have undergone the emotional strain of arranging a funeral within hours of losing a loved one have made the choice to pre-plan their own funeral. Doing so lifts the burden from their loved ones by relieving decision-making pressure at a time of grief and emotional stress.

Personal Choice

Funeral arrangements are a deeply personal choice. Pre-planning provides you with the time needed to make practical, detailed decisions that reflect your standards, lifestyle, taste and budget. And we assure you and your family that the choices you make will be carried out as planned.



Lower Costs



When you finalize your plan, we can advise you of the total cost. You do not have to set aside funds for your plan, but doing so protects you against escalating funeral costs. By locking in today's funeral costs & ensuring that the necessary funds are set aside, you help relieve yourself of unnecessary future worry & your survivors of an unexpected expense.

We plan for everything in life... Birthdays, Holidays, Parties, and more. Why shouldn't you also plan for final wishes? While no one likes to think about their own death, the fact remains that someday your family will need to make dozens of hard decisions to arrange your final life tribute. When you Plan Ahead, you ensure not only your wish's, but you help your family during the most difficult time of life, the loss of their loved one.

My Information

Full Legal Name: _____
First Middle Last Maiden

Address: _____
Street City State Zip

Gender: _____ Male _____ Female **Social Security #:** _____

Date of Birth: _____ **Birthplace** _____
City State

Marital Status: _____ Married _____ Divorced _____ Single _____ Widowed _____ Separated

Spouse Name: _____
First Middle Last Maiden

Spouse Social Security #: _____ **Date Married:** _____

Next of Kin: (if other than spouse) _____
Name Phone

Mother's Name: _____
First Middle Last Maiden

Father's Name: _____
First Middle Last

Primary Occupation: _____

Employer: _____ **Retired:** _____ **Yes** _____ **No**

Church or Club Affiliation: _____

Highest Level of Education Completed: _____

Military Service: _____
Branch of Service Position

Hobbies/ Activities/ Interests: _____

Designate a donation request in lieu of flowers: _____

Children: (Include spouse names if applicable)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Grandchildren and Other Family: _____

Preferred Method of Disposition: (Choose one)

_____ **A. Traditional Funeral/ Burial**

_____ **B. Cremation**

_____ **C. Donation to Medical Science**

Organization: _____ Phone Number: _____

Traditional Funeral/ Burial Preferences

Funeral Home: **Smith Family Funeral Home**
609 W Main Street - Green Forest, AR 72638
(870) 438-4471 - www.smithfamilyfuneralhome.net

Choose Type/ Location of Service: (Choose One)

- Church Service at** _____
- Chapel Service at Smith Family Funeral Home**
- Service at Other Location:** _____
- Graveside Service at** _____ **Cemetery**
- Immediate Burial** (No Embalming, Viewing, or Service/ Must be done within 48 hrs. of death)

Visitation: (Choose One)

2 hours night before service **OR** 1 hour prior to start of service **OR** None

Casket Type: Wood Metal Other _____

Outside Burial Container: Vault Concrete Box None

Will the Casket be open or closed at the service? Open Closed

Cemetery Name: _____

Grave Location: _____ **Section:** _____ **Block:** _____ **Lot:** _____

Clothing To Be Buried In: _____

Name of Minister/ Presider: _____

Person Giving the Eulogy: _____

Readings to Include: (Poems, Scriptures, etc.)

1. _____ 3. _____
2. _____ 4. _____

Songs to Include:

1. _____ 3. _____
2. _____ 4. _____

List of Pallbearers:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Honorary Pallbearers: (Optional)

1. _____ 3. _____
2. _____ 4. _____

Military Honors: (For U.S. Veterans; DD-214 must be provided) **Yes** **No**

Gathering After the Service: _____
Location

Other Requests: _____

Cremation Preferences

Funeral Home: Smith Family Funeral Home
609 W Main Street - Green Forest, AR 72638
(870) 438-4471 - www.smithfamilyfuneralhome.net

Cremation Options: (Choose one)

- Cremation Only** (No services, the family will receive my cremains)
 Cremation With Memorial Service (At Chapel, Church, or Other Location)
 Service With Viewing in Cremation Casket (Cremation to Take Place After The Service)

Do you want an Urn? Yes No

Will the remains be buried? Yes No

Name of person to receive remains: _____

Location of scattering ashes: (if preferred) _____

Cemetery Name: (if remains will be buried) _____

Grave Location: _____ **Section:** _____ **Block:** _____ **Lot:** _____

For crematory Information, do you have a pacemaker? Yes No

Memorial/ Service Information:

Name of Minister/ Presider: _____

Person Giving the Eulogy: _____

Clothing: (if viewing in cremation casket) _____

Readings to Include: (Poems, Scriptures, etc.)

1. _____ 3. _____

2. _____ 4. _____

Songs to Include:

1. _____ 3. _____

2. _____ 4. _____

Military Honors: (For U.S. Veterans; DD-214 must be provided) **Yes** **No**

Gathering After the Service: _____
Location

Other Requests: _____

Important Information For My Family to Know

Identify where the following important documents are located for your loved ones:

Will: _____

Birth Certificate: _____

Marriage License: _____

Social Security Card: _____ **Citizenship papers (if applicable):** _____

Military Discharge Papers (DD Form 214): _____

Life Insurance/ Funeral Insurance Policies:

Company: _____ **Phone:** _____

Account #: _____ **Amount:** _____

Company: _____ **Phone:** _____

Account #: _____ **Amount:** _____

Deeds and Titles to Property (home, autos, etc), Bank Account, Passports:

Bank/ Financial Institution: _____

_____ **Account #:** _____
City State

Attorney:

_____ **Firm**

_____ **Address** City State **Phone**

Executor of Estate:

_____ **Firm Name** City

_____ **Address** City State **Phone**

Please make arrangement for my pets by... _____
