



Funeral Preplanning Worksheet

Below is the preplanning sheet that we fill out with each of our clients. Feel free to print yourself a copy and fill in as much or as little information as you desire before coming in for your free preplanning appointment. Our staff is happy to assist you in filling out this sheet and answering any questions you may have. This document is not required to be completed before your appointment; it is simply available to you for your reference if you desire to get a head start before coming in.

If you need any further assistance on your funeral preplanning journey or want to schedule an appointment to meet with our helpful staff, please do not hesitate to reach out by calling or emailing us at:

563-582-3297
behrfuneralhome@gmail.com

VITAL STATISTICS RECORD

Name _____ Date _____

Street _____ City _____ State _____ Zip Code _____

Phone _____ Social Security # _____

Birthplace _____ Birth Date _____

Father's Name _____

Mother's Maiden Name _____

Marital Status _____

To _____ Date _____ Place _____ Death Date _____

M	D	S	W
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To _____ Date _____ Place _____ Death Date _____

Doctor's Name _____ Address _____

PERSONAL HISTORY

Occupation _____ Employer _____

Position Held _____ How Long _____ Retired _____

Resident Cities, Years _____

Education _____

Military: War _____ Rate or Rank _____

Enlistment Date & Place _____

Discharge Date & Place _____

Service Number _____

Lodges, Memberships, Church, & Public Office Held _____

General Biography for Media and Funeral Service Folders _____

Newspaper: The funeral home will notify the local newspaper.

Other: _____

Picture Enclosed Yes _____ No _____

IMMEDIATE FAMILY

Name

Relationship

City & State

Preceded By: _____

LOCAL EMERGENCY CONTACTS TO BE NOTIFIED AT NEED

Name _____ Address _____ Phone _____

FUNERAL SERVICE INSTRUCTIONS AND INFORMATION

Cemetery _____ Location _____
Section _____ Lot _____ Space _____ Marker Installed _____
Special Instructions _____

Place:
Chapel _____ Church _____ Graveside _____

Prayer Service _____ Rosary _____

Remarks _____

Clergy _____ Church _____

Organist _____ Vocalist(s) _____

Music Selections _____

Favorite Bible Passages, Poetry, Quotations and Verses, etc. _____

Flower Requests _____

Clothing: New _____ Present _____ Color _____

Jewelry _____

Decisions of clothing, jewelry to be made by? _____

Participating Organizations (Fraternal/Military Rites) _____

Pallbearers:	Name	City	State
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Alternates/Honorary _____

Special Instructions _____

Dinner _____

AUTHORIZATION

I, _____, have given the preceding information, to be filed in the funeral home of my choice, in order to avoid placing all responsibility on family and loved ones at the time of my death.

Counselor _____

Authorized by _____