

FUNERAL INFORMATION FORM

General Family Information

Date _____

Name _____
First Middle Last

Maiden Name _____

Social Security Number _____

Full Address _____

Date of Birth _____ Place of Birth _____

Name of Spouse _____
First Middle Last (Maiden)

Date Married _____ Where _____

Name of Father _____
First Middle Last

Name of Mother _____
First Middle Last Maiden

Ancestry _____

Names of Children and Spouses

_____	_____
_____	_____
_____	_____

Names of Grandchildren and Spouses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Names of Great-Grandchildren and Spouses

Names of Great-Great Grandchildren

Names of Siblings (Please indicate, if deceased)

Please list the major events of your life and include: Place of birth,
Schools attended, Place of marriage, Places of employment,
Organizations in which you were involved, etc.

[illegible]

Of what church are you a member? _____

Is there a truth or an idea that you want clearly communicated at your funeral?

What has been the greatest joy you have experienced in your life?

Are there some lessons of life you would like to share?

Is there anything else that people should know about your life?

Funeral Service Information

Favorite Scripture Verse or Passage _____

Why is it your favorite: _____

Do you have a favorite saying, poem, or reading you might want included in your funeral? If so, please give name and attach a copy if you can or tell where it can be located. _____

What minister(s) would you like to officiate at the service?

Are there others you would like to participate and what would you want them to do? _____

Please list your favorite song/songs and tell why it is your favorite (If it is hard to locate, please attach a copy)

Would you like a pianist or organist to play? Yes _____ No _____

If so, who would you like to have play?

Who would you like to sing at your funeral?

Would you want congregational singing? Yes_____ No _____

If so, please list your choice of hymns:

What funeral home would you like to handle your funeral?

Have you made prearrangements with that funeral home?

Yes_____ No _____

Would you prefer your service to be held at the Church or the funeral home? _____

At what cemetery would you choose to be buried?

Location: City_____ State_____ Block_____

Section_____ Plot_____ Grave No._____

Deed in Name of_____

Have you previously purchased burial lots? Yes_____ No _____

Pall Bearers:

Memorial Donations_____

Type of Casket_____

Type of Burial Vault_____

Other Notes of Concern_____

Name of person who will be responsible for handling your affairs.
