



**SECTION 1: BASIC INFORMATION**

**FUNERAL PLANNING CHECKLIST**

Date Prepared \_\_\_\_\_

**Primary Personal Information**

⊕ **Personal Information**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Sex (M / F) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Citizenship (country) \_\_\_\_\_ Ancestry \_\_\_\_\_

Ethnic Group/Race \_\_\_\_\_ Religion \_\_\_\_\_  
(e.g., African-American, Asian, Caucasian, Hispanic, etc.)

⊕ **Residence**

Street Address \_\_\_\_\_ Apt./Unit # \_\_\_\_\_ Residential Facility Name \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

⊕ **Birth Information**

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

⊕ **Emergency Information**

Person to Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Notifications**

⊕ **Persons to be Notified**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Notifications, continued

Contacts for Legal Matters

Person Responsible for Funeral Arrangements

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attorney

Name \_\_\_\_\_ Firm \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Executor of Estate

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Obituary

Newspaper(s) \_\_\_\_\_

Other \_\_\_\_\_

Location of Important Information

Identify where the following important documents are located:

Will \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Marriage License \_\_\_\_\_

Social Security Card \_\_\_\_\_

Citizenship papers, if appropriate \_\_\_\_\_

Military Discharge Papers \_\_\_\_\_

Life and Other Insurance Policies \_\_\_\_\_

Deeds and Titles to Property (home, autos, etc) \_\_\_\_\_

Bank Account Passbooks \_\_\_\_\_

Income Tax Returns \_\_\_\_\_

Certificates of Ownership of Burial Property \_\_\_\_\_

Bills to be Paid and other Financial Information \_\_\_\_\_

Location of Safe Deposit Box

Financial Institution \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Method of Final Disposition**

Choose method of final disposition:

- Whole body burial or entombment
- Cremation

Specify disposition of ashes:

- Burial or entombment at cemetery
- Scattering at cemetery
- Deliver to survivors
- Other \_\_\_\_\_

- Donation to medical science

Specify Recipient Organization, if one has been selected:

Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

- Other: Specify \_\_\_\_\_ (e.g., burial at sea, scatter in outer space)

Also specify the Service Provider, if one has been selected:

Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

**SECTION 2: DETAILED FUNERAL SERVICE INFORMATION**

**Type of Funeral Service Plan**

Choose a type of Funeral Service Plan:

- Traditional** (includes a visitation and a funeral service in which the deceased is present in an open or closed casket)
- Memorial** (includes one or more services without the presence of the deceased)
- Graveside** (includes one service held at the graveside prior to interment)
- Traditional Plus** (includes a visitation and a funeral service in which the deceased is present in an open or closed casket, plus one or more memorial services without the presence of the deceased)
- Direct** (the deceased is buried, cremated or donated to medical science without any funeral services)

**Methods of Care**

Select the following services regarding preparation and care:

Do you want to have an embalming performed? (Y/N) \_\_\_\_\_ (this may be required)

Do you want a DNA sample taken? (Y/N) \_\_\_\_\_

Do you want an autopsy performed? (Y/N) \_\_\_\_\_ (this may be required)

**Methods of Presentation**

**☛ Casket Presentation Selections**

*(Make these selections if a Traditional or Traditional Plus Service Plan has been chosen)*

Select how you prefer the casket presented at the visitation(s):  Open  Closed

Select how you prefer the casket presented at the funeral:  Open  Closed

Do you want only a private family viewing? (Y/N) \_\_\_\_\_

Note: the deceased will be dressed and cosmetics will be applied if you have chosen to have a private family viewing or select to have an open casket presentation. If you **do not** wish to have the deceased dressed and cosmetized for viewings, please explain below how you would like the deceased to be presented:

\_\_\_\_\_

**☛ Clothing Selections**

New \_\_\_\_\_

Existing \_\_\_\_\_

Jewelry \_\_\_\_\_

Clothing Selections to be made by: \_\_\_\_\_

**Visitation Selections**

*(Make these selections if a Traditional or Traditional Plus Service Plan has been chosen)*

Choose a location for the visitation:

- Funeral Home
- Church, temple, synagogue or other religious sanctuary
- Other Facility (describe) \_\_\_\_\_

*Visitation Selections, continued*

Indicate name, address and telephone of chosen location:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Transportation Selections**

*(Make these selections if a Traditional or Traditional Plus or Graveside Service Plan has been chosen)*

Choose method of transporting the deceased between service locations and to the cemetery

Funeral Coach or Hearse

Funeral Van (more economical)

Choose method of transporting family members between service locations and to the cemetery

Limousine # of people \_\_\_\_\_

Sedan # of people \_\_\_\_\_

Family will provide transportation

Escort Needed? (Y/N) \_\_\_\_\_ Instructions \_\_\_\_\_

**Funeral / Memorial Service Selections**

*(Make these selections if a Traditional or Memorial or Traditional Plus Service Plan has been chosen. If there will be more than one service, make additional copies of this section and complete it for each service)*

**Service Selections**

Indicate type of Service:

Funeral Service  Memorial Service

Choose a location for the funeral service:

Funeral Home

Church, temple, synagogue or other religious sanctuary

Other Facility (specify) \_\_\_\_\_

Funeral / Memorial Service Selections, continued

Indicate name, address and telephone of chosen location:

Name \_\_\_\_\_ Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Clergy Presiding

Name \_\_\_\_\_ Affiliation \_\_\_\_\_ Phone \_\_\_\_\_
Name \_\_\_\_\_ Affiliation \_\_\_\_\_ Phone \_\_\_\_\_
Name \_\_\_\_\_ Affiliation \_\_\_\_\_ Phone \_\_\_\_\_

Pallbearers

(Make these selections if a Traditional or Traditional Plus or Graveside Service Plan has been selected)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Active, Honorary or Alternate?
Name \_\_\_\_\_ Phone \_\_\_\_\_
Name \_\_\_\_\_ Phone \_\_\_\_\_
Name \_\_\_\_\_ Phone \_\_\_\_\_
Name \_\_\_\_\_ Phone \_\_\_\_\_
Name \_\_\_\_\_ Phone \_\_\_\_\_
Name \_\_\_\_\_ Phone \_\_\_\_\_
Name \_\_\_\_\_ Phone \_\_\_\_\_

Music

Title \_\_\_\_\_ Artist \_\_\_\_\_
Title \_\_\_\_\_ Artist \_\_\_\_\_
Title \_\_\_\_\_ Artist \_\_\_\_\_
Title \_\_\_\_\_ Artist \_\_\_\_\_
Title \_\_\_\_\_ Artist \_\_\_\_\_

Funeral / Memorial Service Selections, continued

⊕ **Performers**

Organist                      Name \_\_\_\_\_ Phone \_\_\_\_\_

Vocalist                      Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

⊕ **Readings**

Title \_\_\_\_\_ Source/Reference \_\_\_\_\_

To be read by: \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Source/Reference \_\_\_\_\_

To be read by: \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Source/Reference \_\_\_\_\_

To be read by: \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Source/Reference \_\_\_\_\_

To be read by: \_\_\_\_\_ Phone \_\_\_\_\_

⊕ **Flowers**

Florist \_\_\_\_\_ Phone \_\_\_\_\_

Floral Selection #1 \_\_\_\_\_

Floral Selection #2 \_\_\_\_\_

Floral Selection #3 \_\_\_\_\_

Floral Selection #4 \_\_\_\_\_

Funeral / Memorial Service Selections, continued

Memorial displays

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Service Components

(Complete this section to provide instructions for special service components such as a 21-gun salute, horse-drawn procession, or the rites of fraternal organizations like Masonic organizations or Veterans of Foreign Wars)

Description \_\_\_\_\_  
\_\_\_\_\_

Preferred Tribute Type

Floral

Masses

Charitable

Preferred Charity #1: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Preferred Charity #2: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cemetery Information

(Complete this section if a burial or scattering at the cemetery has been chosen)

Cemetery Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Property Identification:

Garden \_\_\_\_\_ Lot \_\_\_\_\_ Space \_\_\_\_\_

Niche (for urn) \_\_\_\_\_



**SECTION 3: DETAILED FUNERAL MERCHANDISE INFORMATION**

**Funeral Merchandise**

**✦ Casket**

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Model Name \_\_\_\_\_

Identify type of casket:

- Wood Specify \_\_\_\_\_ (e.g., birch, cherry, mahogany, maple, oak, pine, poplar, walnut, etc.)
- Precious Metal Specify \_\_\_\_\_ (bronze or copper) Sealed? (Y/N) \_\_\_\_\_
- Steel Specify \_\_\_\_\_ (16, 18 or 20 gauge) Stainless? (Y/N) \_\_\_\_\_ Sealed? (Y/N) \_\_\_\_\_
- Cloth covered
- Other Specify \_\_\_\_\_

Identify lid style:

- Half Couch (2 piece)
- Full Couch (1 piece)

Identify interior features:

Material \_\_\_\_\_ (e.g., crepe, linen, velour, velvet) Color \_\_\_\_\_

Style \_\_\_\_\_ (e.g., shirred, tailored, tufted)

Special Features \_\_\_\_\_

**✦ Outer Burial Container**

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Model Name \_\_\_\_\_

Identify type of outer burial container:

- Grave Box or Grave Liner Specify \_\_\_\_\_ (e.g., concrete or wood)
- Vault Specify \_\_\_\_\_ (e.g., bronze, copper, concrete, plastic, wood, composite)
- Lawn Crypt Specify \_\_\_\_\_ (e.g., concrete or wood)

Special Features \_\_\_\_\_

*Funeral Merchandise, continued*

✦ **Cremation Urn**

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Model Name \_\_\_\_\_

Material \_\_\_\_\_ (e.g., bronze, ceramic, marble, wood)

✦ **Grave Marker**

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Model Name \_\_\_\_\_

Identify type of grave marker:

Grave Marker (flush to the ground) Specify \_\_\_\_\_ (e.g., bronze, granite, marble)

Monument (upright) Specify \_\_\_\_\_ (e.g., bronze, granite, marble)

Lawn Crypt Specify \_\_\_\_\_ (e.g., concrete or wood)

Engraving

\_\_\_\_\_

\_\_\_\_\_

✦ **Stationery Products**

Guest Register Book: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

Prayer Cards: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

Verse to print on Prayer Cards: \_\_\_\_\_

Memorial Folders: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

Verse to print on Memorial Folders \_\_\_\_\_

Prayer Books: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

Acknowledgement Cards: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

\_\_\_\_\_ Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

**SECTION 4: ADDITIONAL PERSONAL INFORMATION**

*(The following information, to the extent it is completed, will be used for Obituary purposes and will provide a genealogy record for the family of the deceased)*

✦ **Marital Information**

Marital Status (single / married / widowed / divorced) \_\_\_\_\_

Spouse

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Sex (M / F) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Marriage Data

Date of Marriage \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

✦ **Parents**

Father Data

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Living? (Y/N) \_\_\_\_\_ Date of Death \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Married (Y/N) \_\_\_\_\_ Spouse Name (if not Mother) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother Data

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Maiden Name \_\_\_\_\_ Living? (Y/N) \_\_\_\_\_ Date of Death \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Married (Y/N) \_\_\_\_\_ Spouse Name (if not Father) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Additional Personal Information, continued

Children

Child #1

Name (Last) (First) (Middle) Suffix (e.g., Sr., Jr.) Male/Female (M/F) Living? (Y/N) Birth Date Date of Death Married? (Y/N) Spouse Name No. of Children Address City State Zip Country Telephone E-Mail

Child #2

Name (Last) (First) (Middle) Suffix (e.g., Sr., Jr.) Male/Female (M/F) Living? (Y/N) Birth Date Date of Death Married? (Y/N) Spouse Name No. of Children Address City State Zip Country Telephone E-Mail

Child #3

Name (Last) (First) (Middle) Suffix (e.g., Sr., Jr.) Male/Female (M/F) Living? (Y/N) Birth Date Date of Death Married? (Y/N) Spouse Name No. of Children Address City State Zip Country Telephone E-Mail

Additional Personal Information, continued

✦ Siblings

Brother/Sister #1

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Brother/Sister #2

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Brother/Sister #3

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

✦ Grandchildren

No. of Grandchildren \_\_\_\_\_ No. of Great Grandchildren \_\_\_\_\_ No. of Great-Great Grandchildren \_\_\_\_\_

*Additional Personal Information, continued*

⊕ **History of Residences**

City / State / Country \_\_\_\_\_ No. of Years \_\_\_\_\_

City / State / Country \_\_\_\_\_ No. of Years \_\_\_\_\_

City / State / Country \_\_\_\_\_ No. of Years \_\_\_\_\_

City / State / Country \_\_\_\_\_ No. of Years \_\_\_\_\_

⊕ **Education**

Elementary School \_\_\_\_\_ City/State \_\_\_\_\_

High School \_\_\_\_\_ City/State \_\_\_\_\_

Year Graduated \_\_\_\_\_

Undergraduate College \_\_\_\_\_ City/State \_\_\_\_\_

Undergraduate Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate College \_\_\_\_\_ City/State \_\_\_\_\_

Graduate Degree \_\_\_\_\_ Year \_\_\_\_\_

⊕ **Military Record**

Branch of Service \_\_\_\_\_ Years Served From \_\_\_\_\_ To \_\_\_\_\_

Rank \_\_\_\_\_ Service Number \_\_\_\_\_

Wars Served \_\_\_\_\_ Decorations \_\_\_\_\_

⊕ **Work History**

Retired? (Y/N) \_\_\_\_\_ Year Retired \_\_\_\_\_

Principle occupation \_\_\_\_\_ No. of Years \_\_\_\_\_

Industries \_\_\_\_\_

Secondary occupation \_\_\_\_\_ No. of Years \_\_\_\_\_

Industries \_\_\_\_\_

Employer #1 \_\_\_\_\_ City/State \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

Employer #2 \_\_\_\_\_ City/State \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

*Additional Personal Information, continued*

Employer #3 \_\_\_\_\_ City/State \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

Employer #4 \_\_\_\_\_ City/State \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

✦ **Religious Institutions**

Institution #1 \_\_\_\_\_

Institution #2 \_\_\_\_\_

✦ **Memberships and Public Offices Held**

Organization #1 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Organization #2 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Organization #3 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Organization #4 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Organization #5 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

✦ **Notable Accomplishments**

Accomplishment #1

\_\_\_\_\_  
\_\_\_\_\_

Accomplishment #2

\_\_\_\_\_  
\_\_\_\_\_

Accomplishment #3

\_\_\_\_\_  
\_\_\_\_\_

Accomplishment #4

\_\_\_\_\_  
\_\_\_\_\_