

## Planning a service ending in cremation

(866) 265-7888

The information on this document will help your funeral director make the necessary arrangements and complete the required forms necessary to arrange a direct cremation; or plan a service that ends in cremation.

## Obituary Information:

| This is the information that the funeral home will need to write the obituary |
|---|
| 1. Deceased Name:   |
| 2. Birth Date:  |
| 3. Birth Place:   |
| 4. Father Name:   |
| 5. Mothers Maiden Name:   |
| 6. Education:   |
| 7. Spouses Name:  |
| 8. Marriage Date:   |
| 9. Children:  |
| 10. Grandchildren:  |
| 11. Employment (Past):  |
| 12. Employment (Present):   |
| 13. Hobbies:  |
| 14. Likes:  |
| 15. Dislikes:   |
| 16. Other:  |

## Death Certificate

This is the information that the funeral home will need complete the death certificate

| 1. Deceased's Name (First, Middle, Last):  |
|--|
| 2. Date of Birth (Month, Day, Year):   |
| 3. Sex:  |
| 4. Date of Death (Month, Day, Year):   |
| 5. Name at Birth or Other Name Used for Personal Business (include AKA's if any):                                    |
| 6. Age – Last Birthday (Years):  |
| 7a. Location of Death: Hospital or Other Institution – Name (If not in either, give street and number and zip code): |
| 7b. City, Village, or Township of Death:   |
| 7c. County of Death:   |
| 8a. Current Residence – State:   |
| 8b. Current Residence – County:  |
| 8c. Locality – pick one - City or Village (Inside limits of): - Township: - Unincorporated Place:                    |
| 8d. Street and Number (Include apt. no. if applicable):  |
| 8e. Zip Code:  |
| 9. Birthplace (City and State or Country):   |
| 10. Social Security Number:  |



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| 11. Deceased's Education – What is the highest degree or level of school completed at the time of death:  |
|---|
| 12. Race – American Indian, White, Black, etc. (If Asian, give nationality, ie. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply):      |
| 13a. Ancestry – Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply)  If American Indian race, enter principal tribe: |
| 13b. Hispanic Origin (Yes or No):   |
| 14. Was the Deceased ever in the U.S. Armed Forces? (Yes or No):  |
| 15. Usual Occupation: Give kind of work done during most of working life.  Do not use retired:  |
| 16. Kind of Business or Industry:   |
| 17. Marital Status - Married, Never Married, Widowed, Divorced (Specify):   |
| 18. Surviving Spouse (if wife, give names before first married):  |
| 19. Fathers Name (First, Middle, Last):   |
| 20. Mother's Name before first married (First, Middle, Last):   |
| 21a. Informant's Name:  |
| 21b. Relationship to Deceased:  |
| 21c. Mailing Address (Street and Number or Rural Route Number, City if Village, State, Zip Code):   |
| Cremation Information:  |
| You have selected cremation. You can keep remains, scatter them or bury them in a cemetery.   |
| If you choose Cemetery – Cemetery Name:   |
| Grave space:  |
| Lot and Number:   |
| Cemetery Contact Information:   |



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## Visitation and Service Information: Visitation Date / Time: Place: Visitation Date / Time: Place: Funeral Date / Time: Place: Luncheon Date / Time: Place:

Caterer:

Contact Info:



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(800) 525-9675