



Plan Ahead Form

Information about the person completing this form:

I am Planning For:

Last Name: First Name: Middle:

Street Address:

City: State: Zip:

County: Phone:

E-mail:

Vital Information about the person you are planning for:

Last Name: First Name: Middle:

Gender: Marital Status:

Social Security #: Date of Birth:

Place of Birth:

Spouse's Full Name:

Spouse's Maiden Name:

Place of Marriage: Date of Marriage:

Mother's Name: Mother's Maiden Name:

Father's Name:

✧ Work and Education ✧

Education (Primary): College (1 – 5+):

Usual Occupation (most of life):

Kind of Business: Company:

✧ Military Records ✧

Branch of Service: Serial Number:

Date Enlisted: Rank at Discharge:

Date discharged: Discharge on file at:

Copy of discharge papers?:

Name of Wars:

✧ Funeral Service Information ✧

Place of Service (Choose one):

Name of Funeral Home:

Address: Phone:

Place of Visitation:

I prefer the funeral service to be:

Viewing for Family?: Viewing for Friends?:

Religious Denomination:

Place of Worship:

Lodge/Union:

✧ Person(s) to Finalize Arrangements at Time of Death ✧

☐ Check here and skip this section if information is the same as person filling out this form

Full Name:

Street Address:

City: State: Zip:

Phone:

✧ Special Instructions ✧

Flower Preference:

Music:

Casket Bearers (6):

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

Jewelry:

Glasses:

Clothing:

Other:

✧ Disposition Options ✧

I prefer:

Cemetery:

Address: Phone:

Section:

I have made a last will and testament:

✧ Other Information and Special Instructions ✧

Please list any other instructions or information you would like us to have:

✧ Memorials & Charities ✧

Please list any Memorials or Donations to Charity that you would like:

✧ Contact Options ✧

- ☐ Send information about pre-arrangement
- ☐ Contact me to set an appointment
- ☒ Please keep my information on file