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 t	he informa	ation that the	e funeral	home v	will need	to write	the obituary

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:

Visitation Date / Time: Place:

Place:

Funeral Date / Time: Place:

Luncheon Date / Time: Place:

Caterer: Contact Info:



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(800) 525-9675