

Planning a service ending in burial

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

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:



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):

Burial Information:

You've selected Burial as your method of disposition.

What Cemetery would you like to use? Cemetery Name:

Grave space description:

Lot and Number:

Cemetery Contact Information:



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(734) 525-9020

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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