

Information for Funeral Planning
PearsonFuneralHome.com (502) 896-0349

Name: _____

Address: _____ City, State: _____

Place of Birth: _____ Date of Birth: _____

Father: _____

Mother: _____

Occupation: _____ Employer: _____

Social Security # _____ Veteran Status: _____

Physician: _____

Marital Status: _____ Spouse: _____

Informant: _____ Relationship: _____

Address: _____ City, State: _____

Phone: _____

Services

My Preferred Minister: _____

My Preferred Funeral Home: _____

I desire that final disposition be:

____ Burial or entombment in: _____ Cemetery

Where I do () do not () have grave spaces.

____ Cremation

Disposition of cremated remains: _____

Outline as much detail of the funeral services that you desires as you feel necessary.

You may want to mention whether you would wish to have visitation, funeral or memorial services, etc. Please avoid using terms such as "usual" or "customary," as they can often be meaningless.

Obituary Information

Name: (for paper) _____

Print Age: Yes / No Print Address: Yes / No

If yes, address as you would like: _____

Native of: _____

Occupation: _____

Memberships / Organizations (position if held)

Survivors:

Relationship	Name	City, State
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_____	_____	_____
_____	_____	_____

Grandchildren: _____ Great Grandchildren: _____

Expressions of Sympathy (Charities etc.)

This form is intended to convey suggestions only. Unless otherwise indicated, your family will assume that this is only for their information, that you have not dictated firm decision, and that they are free either to confirm or not confirm your suggestions.

Copies of this form should be given to the funeral home, next-of-kin, attorney, and clergy.

Signature

Date