

# Funeral Planning Information Sheet

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Parents Names(Include mother's maiden name): \_\_\_\_\_

Marital Status(Never married, married, widowed, divorced, separated): \_\_\_\_\_

Spouse(Include wife's maiden name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Military Service?(If yes, attach discharge papers): \_\_\_\_\_

Occupation (Do not enter retired): \_\_\_\_\_

Education(Highest grade achieved): \_\_\_\_\_

Hispanic Origin?(If yes, specify): \_\_\_\_\_

Next of Kin(Include name & address): \_\_\_\_\_

Surviving members of the family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain what your intentions are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_