

Pre-Arrangement Form

Full Name (First, Middle, Last): _____

Maiden Name : _____

Address (street and number): _____

City, State, Zip Code: _____

Town and County: _____

Social Security Number: _____

Birthplace (State or if not from U.S then name Country): _____

Citizen of What Country? _____

Race (White, Black, Native American etc): _____

Date of Birth: _____

Marital Status (Single, Divorced, Married or Widow(er)) : _____

Name of Spouse: _____

Occupation (for most of working life): _____

Industry (kind of business i.e. Insurance, farming etc.): _____

Name of Father: _____

Father's Place of Birth: _____

Maiden Name of Mother: _____

Mother's Place of Birth: _____

Military Service: Yes / No

Branch of Service: _____

Highest Rank Achieved: _____

Wartime Service: Yes / No

What war? _____

Honorable Discharge: Yes / No

Informant's Name: _____

(Person's name providing information for death certificate)

Informant's Relationship to Deceased: _____

Informant's Address: _____

Informant's Phone Number: _____

Type of Disposition (Burial, Cremation, Entombment): _____

Place of Disposition (Name of Cemetery, Crematory):

Location of Place of Disposition (Address, City, State, Zip):

Obituary Planner

Full Name (First, Middle, Last): _____

Maiden Name (First, Middle, Last): _____

Address: _____

How long at current address: _____

If less than two years, list the address you consider your primary residence:

Address 2: _____

How long at address 2: _____

Birthplace (State or if not from U.S then name Country): _____

Citizen of What Country? _____

Date of Birth: _____

Marital Status: _____

Name of Spouse : _____

Number of Years Married: _____

If applicable, Date of Spouse's death: _____

Father's Place of Birth: _____

Mother's Maiden Name: _____

Mothers Place of Birth: _____

Number of Children: _____ Number of Grandchildren: _____

Name of Survivors Children, Grandchildren, Brothers,etc.:

(Include Name, Relationship, City and State)

Religious Denomination: _____

Church/Temple/Mosque Attended: _____

Military Service: Yes / No

Branch of Service: _____

Highest Rank Achieved: _____

Wartime Service: Yes / No

What war? _____

Honorable Discharge: Yes / No

High School Attended and Year Graduated: _____

College Attended, Major, Degrees Received and Year Graduated:

Other Degrees/Certificates Received:

Occupation: _____

Employer (most recent or longest term): _____

Years at work: _____

Public Office, Fraternal Organizations, Clubs or Community Involvement:

Honors, Achievements Or Awards:

Other Information You Would Like To Add:

Funeral Home/Services:

Funeral Home RICHMOND FUNERAL HOME

Service (Day/Time) _____

Place _____

Burial/Cremation _____ Minister (If Home Service) _____

Funeral Service Planning Form

Location of Service: _____

(Church, Temple, Funeral Home, etc.)

Officiant of Service: _____

(Clergy, Minister, or Other)

Religious Affiliation: _____

Person responsible for arrangements:

(Include name, address, and phone number.)

Relationship of responsible person to deceased: _____

Contact Information of Family and Friends to Notify:

(Include name, address, and phone number.)

Names of Pallbearers:

(Include address and phone number.)

Name of Speakers:

(Include address and phone number.)

Favorite instrument: _____

Favorite hymn(s) or song(s):

Favorite scripture(s) or reading(s):

Favorite Prayer(s):

Favorite color: _____

Favorite flower: _____

Donations in lieu of flowers? YES / NO

If Yes, Favorite Charity: _____

If Military Veteran, flag will drape casket? YES / NO

List any additional instructions not considered above:
