

FUNERAL SERVICE INSTRUCTIONS AND INFORMATION

Method of disposition:

- Burial Cremation Donation Entombment Removal From State

Funeral/Memorial Service To Be Conducted:

- Funeral Home Church Event Center Graveside Other

Prayer Service/rosary

Final Disposition:

Cemetery _____ Location _____

Section _____ Lot _____ Space _____ Marker Installed _____

- Scattering Mausoleum Niche Jewelry Artwork Keepsake Urn Other

Gathering or reception: Private Family & Friends Funeral Home Church

- Event Center Restaurant Other

Other Personalization Requests _____

Clergy/Celebrant/Other _____

Organist/Pianist/Other _____

Other Musician _____

Music/Playlist _____

Favorite Bible Passages, Poetry, Quotations & Verses, etc. _____

Flower Requests _____

Jewelry _____ Rings _____ Earrings _____

Other _____

Jewelry: Bury Return To Family No Preference

Participating Organizations (Fraternal/Military Rites) _____

Pallbearers:	Name	City	State
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Memorial Contributions 1. _____

2. _____

Organ Donor Yes No

Other Special Requests _____

A guide to funeral planning




Homesteaders
Life Company

VITAL STATISTICS RECORD

Name (legal) _____ Date _____

Street _____ City _____ State _____ Zip Code _____

Phone _____ Social Security # _____

Email _____

Preferred method of communication Email Phone Text

Birthplace (city & state) _____ Birthdate _____

Father's Name _____

Mother's Maiden Name _____

Marital Status _____

Race/Ethnicity _____

PERSONAL HISTORY

Occupation _____ Employer _____

Position Held _____ How Long _____ Retired (Y-N) Year _____

Resident Cities, Years _____

Education _____

Military: War _____ Branch _____ Rate or Rank at Discharge _____

Enlistment Date and Place _____ Discharge Date and Place _____

DD 214 on file Yes No County Recorded _____

Church, Public Office Held, Clubs, Hobbies, Interests, Fraternal Organizations _____

Newspaper: The funeral home will notify the local newspaper.

Other: _____

Funeral Home Website/Funeral Home Facebook Page: _____

IMMEDIATE FAMILY

Name	Relationship	City & State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Preceded In Death By: (include relationship) _____

EXECUTOR OF ESTATE

Name	Address	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT LEGAL INFORMATION FOR FAMILY USE

Will _____ Attorney _____

Living Will _____ Attorney _____

Safety deposit box at _____

Life Insurance Policies	Company	Amount	Policy Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SOCIAL MEDIA PREFERENCE

Set up memorial account Delete Account