

# Funeral Preparation Information

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

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

Social Insurance Number: \_\_\_\_\_ (Required by Federal Government)

Mother's Maiden Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

## Children:

\_\_\_\_\_ Spouse: \_\_\_\_\_

\_\_\_\_\_ Spouse: \_\_\_\_\_

\_\_\_\_\_ Spouse: \_\_\_\_\_

\_\_\_\_\_ Spouse: \_\_\_\_\_

## Grandchildren:

\_\_\_\_\_

\_\_\_\_\_

## Siblings:

\_\_\_\_\_ Spouse: \_\_\_\_\_

\_\_\_\_\_ Spouse: \_\_\_\_\_

\_\_\_\_\_ Spouse: \_\_\_\_\_

\_\_\_\_\_ Spouse: \_\_\_\_\_

My Estate Trustee: \_\_\_\_\_ Phone #: \_\_\_\_\_

My Will is located at: \_\_\_\_\_

## Bank Accounts:

Location: \_\_\_\_\_ Number: \_\_\_\_\_

Location: \_\_\_\_\_ Number: \_\_\_\_\_

Pension Company: \_\_\_\_\_ Empl. #: \_\_\_\_\_

# Funeral Preferences

**Funeral Home:** \_\_\_\_\_

**Type of Funeral:**

Service at Funeral Home ( )    Service at Church ( )    Other: \_\_\_\_\_

**Visitation:**

NO Visitation ( )    One Day ( )    Two days ( )    Three Days ( )

Casket: Open ( )    Closed ( )

**Final Disposition:**

Cremation: NO Cremation ( )    Before Wake ( )    After Wake ( )

Burial at \_\_\_\_\_ Cemetery    Plot # (if known): \_\_\_\_\_

Other instructions: \_\_\_\_\_

**Funeral Service:**

Hymns:

Entrance: \_\_\_\_\_ Offertory: \_\_\_\_\_

Communion: \_\_\_\_\_ Reflection: \_\_\_\_\_

Recessional: \_\_\_\_\_

Readings:

First: \_\_\_\_\_ Reader: \_\_\_\_\_

Second: \_\_\_\_\_ Reader: \_\_\_\_\_

**Special Requests:**

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