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**FUNERAL PLANNING FORM**

Name \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Gender:  Male  Female Social Security Number \_\_\_\_\_

Marital Status:  Married  Married, but Separated  Widowed  
 Divorced  Never Married

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City, County, State ) or (Foreign Country)

Husband's Full Name \_\_\_\_\_

Wife's Full Name \_\_\_\_\_  
(Include Wife's Last Name Prior to First Marriage)

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_  
(Include Mother's Last Name Prior to First Marriage)

**WORK AND EDUCATION**

Education \_\_\_\_\_

Occupation \_\_\_\_\_ Business/Industry \_\_\_\_\_

Company \_\_\_\_\_

**MILITARY**

Branch of Service: \_\_\_\_\_ Discharge Papers:  Yes  No

Military Honors at Funeral Service:  Yes  No Flag:  Yes  No

**CIVIC CLUBS OR FRATERNAL ORGANIZATIONS**

\_\_\_\_\_  
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(CONTINUED) FAMILY MEMBERS: NAME—RELATIONSHIP—CITY, STATE—PHONE/EMAIL

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**DECEASED RELATIVES TO BE LISTED IN AN OBITUARY**

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**ANY ADDITIONAL INSTRUCTIONS OR INFORMATION**

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**ITEMS THAT MAY BE NEEDED**

- Obituary
- Photograph (*for publication*)
- Clothes (*include undergarments*)
- Military Discharge Papers
- Cemetery Deed
- Life Insurance Policies

**PERSON COMPLETING THIS FORM** (IF COMPLETING FOR SOMEONE ELSE)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_



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