

1321 Berkeley Avenue, Charlotte, NC 28204 704-641-7606

FUNERAL PLANNING FORM

Name(First)	(3.6.1.11.)		(0, 00,)
(First)	(Middle)	(Last)	(Suffix)
Address			
City	State Zip Cod	le County	
Gender: Male Female	Social Security Nu	mber	
Marital Status: Married	☐ Married, but Se	parated	owed
☐ Divorced	■ Never Married		
Date of Birth	Place of Birth(City	, County, State) or (Fore	ign 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 Mothe	er's Last Name Prior to Fir	rst Marriage)
WORK AND EDUCATION	<u>1</u>		
Education			
Occupation	Business/In	ıdustry	
Company			
<u>MILITARY</u>			
Branch of Service:		Discharge Papers: [Yes No
Military Honors at Funeral Se	ervice: Yes No	Flag: 🛮 Yes 🔻 🗖 No	
Civic Clubs or Frate	RNAL ORGANIZATION	<u>\S</u>	

FUNERAL OR MEMORIAL SERVICE INFORMATION Place of Service: Minister(s)/Clergy: (Before the Service, After the Service or at Another Time & Place) ■ Burial **DISPOSITION:** ☐ Cremation Name of Cemetery or Church Cemetery City _____ State _____ **SPECIAL INSTRUCTIONS** Flowers: Music: Hairdresser: **MEMORIALS & CHARITIES FAMILY MEMBERS** (Spouse, Children, Grandchildren, Brothers, Sisters, etc.) Relationship City, State Phone / Email Name

(CONTINUED) FAMILY MEMBERS: NAME—	RELATIONSHIP—CITY, STATE—PHONE/EMAIL
DECEASED RELATIVES TO BE LIST	TED IN AN OBITUARY
	
Any Additional Instructions	S OR INFORMATION
ITEMS THAT MAY BE NEEDED	
• Obituary	 Military Discharge Papers
• Photograph (for publication)	• Cemetery Deed
• Clothes (include undergarments)	Life Insurance Policies
PERSON COMPLETING THIS FOR	M (IF COMPLETING FOR SOMEONE FLSE)
Name	
NameAddress	
Address Stat	

