

# Funeral Preplanning Form



Phone: (708) 357-4800  
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[www.serenitygardensfuneralservices.com](http://www.serenitygardensfuneralservices.com)

### Pre-arrangement Form



#### Information about the person completing this form:

I am Planning For: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_



#### Vital Information about the person you are planning for:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse's Full Name: \_\_\_\_\_

Spouse's Maiden Name: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_



*Work and Education*

Education (Primary): \_\_\_\_\_

College (1 – 5+): \_\_\_\_\_

Usual Occupation (most of life): \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Company: \_\_\_\_\_



*Military Records*

Branch of Service: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Date Enlisted: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Date discharged: \_\_\_\_\_

Discharge on file at: \_\_\_\_\_

Copy of discharge papers: YES or NO

Name of Wars: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### *Funeral Service Information*

Place of Service (Choose one): \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Place of Visitation: \_\_\_\_\_

I prefer the funeral service to be: \_\_\_\_\_

Viewing for Family: YES or NO

Viewing for Friends: YES or NO

Religious Denomination: \_\_\_\_\_

Place of Worship: \_\_\_\_\_

Lodge/Union: \_\_\_\_\_

*Person(s) to Finalize Arrangements at Time of Death |*

Check here and skip this section if information is the same as person filling out this form

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

*Special Instructions*

Flower Preference: \_\_\_\_\_

Music: \_\_\_\_\_

Casket Bearers (6):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Jewelry: \_\_\_\_\_

Glasses: \_\_\_\_\_

Clothing: \_\_\_\_\_

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

*Disposition Options*

I prefer: \_\_\_\_\_ Burial \_\_\_\_\_ Cremation Other \_\_\_\_\_

Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Section/Space/Grave: \_\_\_\_\_

I have made a last will and testament: \_\_\_\_\_

*Other Information and Special Instructions*

Please list any other instructions or information you would like us to have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Memorials & Charities*

Please list any Memorials or Donations to Charity that you would like:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Contact Options*

\_\_\_\_\_ Have a Serenity Gardens Representative send me information about pre-arrangement

\_\_\_\_\_ Have a Serenity Gardens Representative contact me to set an appointment

\_\_\_\_\_ Please have a Serenity Gardens Representative keep my information on file