



Funeral Planning Checklist

Vital Statistics Record

Last name	First Name	Middle Initial	Maiden Name
Social Security Number	Race (Black, Hispanic, Asian, American Indian, White, Other)		
Street	City/Village/ Township (Circle one)		
County	State	Zip Code	Phone number
Date of Birth	Place of Birth		
Mother's Maiden Name	First	Middle	Last
Father Name:	First	Middle	Last
Date Death	Place of Death	City/Village/ Township (Circle one)	County
Marital Status	(Married, Never Married, Divorce (Annul), Widowed)		
Married to:	First, Middle, Birth (Last name)	Date of Marriage	Place of Marriage
Spouse Date of Death	Education (highest grade completed)		

PERSONAL HISTORY

Usual Occupation (do not enter Retired)	Kind of Business	
Employer	How Long	Retired Date
Armed Service (Yes or No) circle one	Branch Served	
Military War(List multiple if necessary)	Rank Discharged	

PRECEDED IN DEATH

RELATIONSHIP	NAME

Pallbearers

Honorary Pallbearers

Organist or Recordings

Vocalist

Selections

CHECK ONLY THAT APPLY

"Simple" disposition of the remains:

Immediate burial

Immediate cremation _____
 If the cremation process is extra, how much is it? _____
 Donation of the body to a medical school or hospital _____

"Traditional," full-service burial or cremation:

Basic services fee for the funeral director and staff _____
 Transfer to funeral home _____
 Embalming _____
 Other preparation of body _____
 Casket _____
 Description, including model # _____
 Outer Burial Container (vault) _____
 Description _____
 Visitation/viewing — staff and facilities _____
 Funeral or memorial service — staff and facilities _____
 Graveside service, including staff and equipment _____
 Hearse _____
 Other vehicles _____
 Total: _____

Other Services:

Forwarding body to another funeral home _____
 Receiving body from another funeral home _____

Cemetery/Mausoleum Costs:

Cost of lot or crypt (if you don't already own one) _____
 Perpetual care _____
 Opening and closing the grave or crypt _____
 Grave liner, if required _____
 Marker/monument (including setup) _____

TYPE OF WORSHIP

- Funeral with coffin/urn present
- Funeral With Rental Casket and Cremation to follow
- Memorial service without remains
- Graveside service only

Care of Remains

Donate organs (Complete other documents.)

- as transplants
- for research
- Donate body for research (with ashes returned) (Complete other documents)
- Autopsy
- none unless legally required
- if it will benefit medical research
- decision to be made by _____
- Embalm body (usually required if unrefrigerated over 24 hours before burial)
- Cremate body
- after visitation or service
- before visitation or service
- Bury body Other: _____

Visitation

Visitation (at a time/place different from the funeral service)

- no
- yes

Visitation location

(A reduction in funeral home charges may apply if no funeral home facilities are used.

Consider the church as the location for all events.)

- funeral home
- church
- home

Visitation time

_____ evening before funeral

_____ day of funeral

Funeral Service

Location

_____ church

_____ funeral home

_____ cemetery chapel

_____ cemetery (no funeral, a graveside service only)

_____ other: _____

Address: _____

Time

_____ morning

_____ afternoon

_____ evening

Remains present

_____ yes

_____ no (a memorial service)

Holy Communion celebrated (in church) Catholic

_____ yes

_____ no

On/near the casket/urn

_____ coffin spray (flowers)

_____ Bible or other symbol of faith: _____

_____ photograph

_____ cross

_____ flag

Expressions of Sympathy

_____ Flowers

_____ Live plants

_____ Other: _____

Memorials

Memorial gifts might be used to further support these ministries and organizations:

1. _____

2. _____

3. _____

Attire for burial/cremation

Jewelry or glasses _____

_____ remove for family

_____ remove and donate

_____ bury with body

Include in coffin/urn _____

(Specific arrangements in advance at the funeral home of your choice are encouraged.)

Hairdresser _____ Cosmetic _____

Clothing _____ Disposition of Clothing _____

When to Close the Casket _____ Parting View _____

Repass _____ Flag Covered Casket _____

Who will fold the Flag _____

Organist or Recordings

Vocalist

Selections

Memorial Book

Acknowledgement Cards

Life Insurance company

assignment approved by

Dane County Veteran Service Office Room 116 266-4157

Social Security Office 831-3841

Wisconsin National Guard Honor Guard (Burial detail)

Biography / Obituary

On a separate document, record events, things, people, accomplishments, important to remember. Include as many full names, city of residence, birth and death dates, etc. as possible. List full name, birth name, parents, date and location of birth, baptism, confirmation, marriages, brothers and sisters, spouse(s), children, ministry in daily life, volunteer activities, military service, memberships, etc. This information does not need to be prepared in paragraph form. Include a photograph for publication.

OBIT TEMPLATE

(Deceased Name) departed this life peacefully on, (Date of Death) at (Place of Death).

(Deceased) was born on (Date of Birth) to (Mother and Father) (Place of Birth). (Deceased) came to

know Christ and was baptized, at a very young age in Louisiana. He worked as (Employment and duration with the employer). (Decease) served honorable in the (Branch of Military) (Time Served in the Military and Rank) (Military Awards). (Other organization/Fraternal affiliations). (Hobbies and other events enjoyed).

(decease)is survived by (his or her) (Spouse/place of marriage or NOK)(Children and spouse or companions/locations), (Sisters), (Brothers), (# Grandchildren), (# Great Grandchildren) (and host of nieces, nephews and cousins). (decease) was preceded in death by (Family who passed before decease). (Service Information) (Place and date of Burial) Services Entrusted to Foster Funeral and Cremation Service

Favorite Biblical theme or image _____

Bible Versus:

(might include: favorites, baptismal or confirmation.)

Congregational hymns

I understand that the information and instructions provided here are for the guidance of Foster Funeral & Cremation Service in making arrangements necessary. I understand that the arrangements do not make the church obligated or responsible for the execution of these instructions.

Print Name: _____

Signature

Date