



Funeral Pre-Planning Form

Funeral Plan Holder:

Bundle Value ₪

Title

Male

Female

First Name

Middle Name

Last Name

Home Address

Email

Mobile Nos.

Biographical Information:

Date of Birth

Place of Birth

Family Information:

Single

Married

Widowed

Divorced

Spouse's Name

Home Address

Mobile No.

Email

Father's Name

Home Address

Mobile No.

Email

Mother's Name

Home Address

Mobile No.

Email

Siblings
(Living)

Siblings
(Deceased)

Children
(Living)



Siblings (Deceased)	If	
	any	
Grandchildren (Living)		
Grandchildren (Deceased)	If	
	any	
Great Grandchildren (Living)		
Great Grandchildren (Deceased)	If	
	any	

Education & Work:

Qualification	Highest Level of Education	Military Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School Name				
Location				
Occupation		Years at Company	<input type="checkbox"/>	
Employer				
Location				

Visitation Options: Yes No

Reception Options:

What type of funeral would you prefer? Public Private

Would you prefer burial or cremation? Burial Cremation

Final Disposition:

Ground Interment (burial) Columbarium (for cremation urns)
 Mausoleum Entombment (above ground burial) Ashes returned to family

Would you prefer to include a graveside/committal service? Yes No



Final Resting Place:

Funeral Service Preferences:

Place of funeral service

At Home

Chapel

Church

I do not wish to have a funeral service

Omega Funeral Home

Please list any musical selections you would like to include in your services.

Please list any poems, religious texts, or readings you would like to be read at your services.

Please list any interests or hobbies you would like to include in your services.

Please list any special themes you would like to include in your services.

Please list any specific foods or beverages you would like to make available to your family and guests at the services.



Is there a special story, personal thank you, or message of hope you would like to be read during your services?

Plan Holder’s Funeral Administrator:

Relationship Male Female

First Name

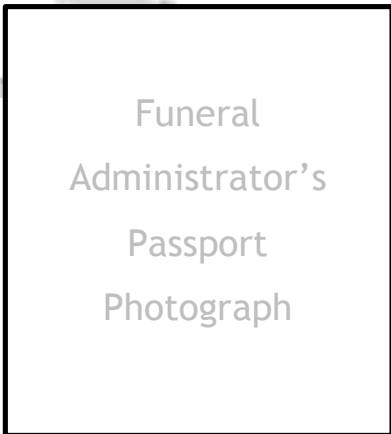
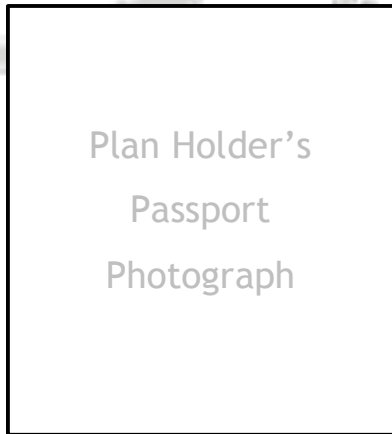
Middle Name

Last Name

Home Address

Email

Mobile Nos.



I, _____ hereby acknowledge that all the information I have provided above are true and correct to the best of my knowledge and thereby sign below.

.....

Signature/ Date

Agent’s Statement

I certify that the information was provided directly by the Plan Holder / Funeral Administrator.

.....
Signature of Agent

.....
Date

.....
Bundle Number