

## Pre-Planning Form

I am Planning For:    Myself   My Spouse   My Mother   My Father   My Child   My  
Friend   Other

Name:

Email:

Address:

State

Country:

Phone:

Date of Birth:

Sex:    Male   Female

Citizenship:

Marital Status:    Married   Widowed   Divorced   Never Married

Spouse (Maiden Name):

Father's Name:

Mother's Maiden Name:

Religious Preference:

### Educational Background

High School Name:

Years Attended:

College/University:

Years Attended:

### Family Information

Please list the names of survivors and state their relationship to you, their spouse's names and the city in which they live as you wish to have them listed in the memorial. (The following is a guide to assist you.) SURVIVORS: Spouse, Sons, Daughters, Parents, Brothers, Sisters, Grandchildren, (Great-grandchildren), Grandparents, Others (Eg. Son: Joe Smith and his wife Paula of Milledgeville)

Survivors:

Preceded By:

Add'l Info / Organ Donor:

Work History

Occupation:

Business:

Industry:

Company:

Number of Years:

Years Retired:

Funeral Preferences

I prefer my funeral to be

Public:

Private:

Visitation

Public:

Private:

Place of Service: Chapel Cemetery Church Other

Other:

I prefer

Cremation:

Burial: