

Heritage

FUNERAL SERVICE & CREMATORY

WE at Heritage Funeral Service and Crematory are honored you have chosen us to help with this important event. To help you in making all necessary preparations we are pleased to offer you this Funeral Planning Guide. Please complete this form as much as possible and return it to one of our caring staff. Please make all markings clearly legible.

PERSON COMPLETING THIS FORM

First Name: _____

Last Name: _____

Middle Name: _____

Email Address: _____

Street Address: _____

City: _____

County: _____

State: _____

Zip Code: _____

Phone Number: _____

Person for whom I am Pre-arranging:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Myself | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Father |
| <input type="checkbox"/> Life Partner | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Child | <input type="checkbox"/> Other relative |

PERSON FINALIZING ARRANGEMENTS

AT TIME OF DEATH

Check here if same as person completing this form:

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

PERSON PRE-ARRANGEMENT IS FOR

First Name: _____

Last Name: _____

Middle Name: _____

Sex: Male Female

Marital Status: Married Widowed
 Divorced Never Married

Social Security #: _____ - _____ - _____

Date of Birth: _____ month _____ day _____ year

Place of Birth: _____

Spouse's Name--

-- Full: _____

-- Maiden: _____

Place of Wedding: _____

Date of Wedding: _____ month _____ day _____ year

Fathers Full Name: _____

Mother's Name--

-- Full: _____

-- Maiden: _____

FUNERAL SERVICE INFORMATION

Place of Funeral Service:

Funeral Home Church Cemetery

Name of Funeral Home:

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Place of Visitation: _____

Preference for the funeral service:

Public Private

Viewing for family: Yes No

Viewing for friends: Yes No

Religious Denomination:

Place of Worship:

Lodge/Union:

DISPOSITION OPTIONS

Earth burial Mausoleum Cremation

Cemetery: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Section: _____

WORK AND EDUCATION

Primary (please circle one number):

0 1 2 3 4 5 6 7 8 9 10 11 12

College (please circle one number):

0 1 2 3 4 5 more

Usual occupation: _____

Kind of Business: _____

Company: _____

MILITARY RECORDS

Branch of Service:

Air Force Navy
 Army Marines
 Coast Guard Other

Serial #: _____

Date Enlisted: _____
month day year

Rank at Discharge: _____

Date Discharged: _____
month day year

Discharge on file at: _____

Copy of Discharge papers? Yes No

Names of Conflicts Toured:

LAST WILL AND TESTAMENT

Prepared
 Not prepared

SPECIAL INSTRUCTIONS

Flower Preference: _____

Music: _____

Casket Bearers:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

Jewelry: _____

Glasses: _____

Clothing: _____

OTHER INFORMATION AND INSTRUCTIONS

WORK AND EDUCATION

Primary (please circle one number):

0 1 2 3 4 5 6 7 8 9 10 11 12

College (please circle one number):

0 1 2 3 4 5 more

Usual occupation: _____

Kind of Business: _____

Company: _____

MEMORIALS AND CHARITIES

OPTIONS

- Send information about pre-arrangement
- Contact me to set an appointment
- Please keep my information on file

COMPLETED

Please send this completed form to:

Heritage Funeral Service and Crematory
1507 E. Main St.
Valdese, NC 28690

Tel: (828) 874-0411

Fax: (828) 874-5390