

# Cook Family Funeral Home Pre-Planning Form

This is the printer-friendly alternative of our on-line form. Please complete the form by entering the requested information in the fields below - click inside each field to enter text or select using the input elements provided. Print the form out and you may then send it to us via postal mail to the address provided in the footer of this document, or, alternatively, simply bring the printed copy with you when you visit.

NOTE: With the Acrobat Reader, it is not possible to save this form and maintain any of the information entered into it - the purpose of the form is only to aid in the creation of a clean printed copy.

## 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?:

Name of Wars:

## Funeral Service Information

Place of Service:

Name of Funeral Home:

Address:  Phone:

Place of Visitation:

I prefer the funeral service to be:

Viewing for Family?:

Viewing for Friends?:

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:

Cemetery:

Address:

Phone:

Section:

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

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