

Please complete the following worksheet prior to your pre-arrangement conference.

Deceased Information

Last Name: First: Middle:
Nickname: Social Security No.:
Address:
City: State: Zip Code: County:
Township/Village: Phone #:
Cell Phone: Email Address:
Date of Birth: Birthplace:
Marital Status: Spouse Name:
Spouse Maiden Name: Place of Marriage:
Spouse Deceased, date of death:
Name(s) of Previous Spouses:

Parents Deceased: Yes No

Father's Full Name: City/State, if living:
Mother's Full Name:
Maiden Name: City/State, if living:

Names of Children and Spouses

Please list the names of your children, along with spouses, in birth order. If deceased, please indicate their date of death next to name. Total: Sons Daughters

Name & Spouse Address Phone
[Multiple blank lines for listing children and spouses]

Names of Grandchildren and Spouses

Please list the names of your grandchildren and their spouses below. If deceased, please indicate their date of death next to their name.

Total: Grandchildren Great-Grandchildren Great-Great Grandchildren

Name & Spouse Address
[Multiple blank lines for listing grandchildren and spouses]

Names of Siblings

Please list the names of your siblings and their spouses below. If deceased, please indicate their date of death next to their name.

Name & Spouse Address
[Multiple blank lines for listing siblings and spouses]

Organizations

Please list your memberships in fraternal, civic, or professional organizations, if any.

[Multiple blank lines for listing organizations]

Work/Education History

Education (K-12): School(s) Attended:
College 1-5+: School(s) Attended:
Occupation:
Employer(s):
[Multiple blank lines for listing work and education history]

Additional Information

Please write a short biographical about your work history, life events, hobbies, and interests to be included in the obituary.

Funeral Service Instructions

Place of Visitation:

Place of Service:

Religious Denomination:

Preferred Clergy:

Scripture Readings:

Music:

Soloist/Cantor:

Musicians:

Casketbearers:

Honorary Casketbearers:

Memorial/Donation Instructions:

Flower Preference:

Jewelry/Personal Items:

Glasses:

Clothing:

Disposition Instructions

Cemetery:

Section: Lot: Block: Grave Space:

Full Military Honors: Yes No

Veteran Information

V.A. File No.:

Branch of Service:

Serial No.:

Date/Place Enlisted:

Date Discharged:

Rank at Discharge:

*Thank you for providing us with the above information.
We look forward to meeting with you at your pre-arrangement conference.
If you have any questions in completing this form, please contact us.*



Funeral Pre-Planning Worksheet



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