



# 3 "A " BEREAVEMENT FOUNDATION

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## 3ABF Guide for Funeral and Burial Plans

3ABF was incorporated as a 501(C)(3) nonprofit organization in 1997 to provide bereavement support services to indigent and low-income families. The mission of 3ABF is to enable low-income bereaved families to secure services to comprehensively address their bereavement needs.

We hope this Guide Book will help you and  
your family during a very difficult time.

<b>Mailing Address:</b> 5330 Griggs Rd., Ste. A108 Houston, TX 77021-3758 713-649-3232 (Office) 713-649-2328 (Fax)	<b>E-mail:</b>  <a href="mailto:Bereavement3A@aol.com">Bereavement3A@aol.com</a>	<b>Website:</b>  <a href="http://www.3ABereavement.org">www.3ABereavement.org</a>
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## FUNERAL & BURIAL CHECKLIST

### “WHEN A DEATH OCCURS”

There are many decisions and arrangements that must be made when there is a death in the family in a very short time.

#### Calls To Be Made

1. Physician
2. Clergy
3. Attorney/Executor of Estate
4. Cemetery
5. Funeral Director
6. Relatives
7. Friends
8. Employer of deceased
9. Employers of family members
10. Insurance agents (life, health, etc.)
11. Organizations (religious, civic, etc.)
12. Notices for Newspapers

#### Decisions and Arrangements

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| 1. Check Will for special wishes  | 13. Select Pallbearers               |
| 2. Select funeral home            | 14. Type of services (military, etc) |
| 3. Select casket                  | 15. Select clergy                    |
| 4. Select cemetery                | 16. Time & location of services      |
| 5. Select burial property         | 17. Special readings and music       |
| 6. Select burial vault            | 18. Organist                         |
| 7. Select clothing for deceased   | 19. Provide information for eulogy   |
| 8. Select flowers                 | 20. Funeral transportation           |
| 9. Select memorial                |                                      |
| 10. Check and sign burial permit  |                                      |
| 11. Order death certificate       |                                      |
| 12. Provide obituary to newspaper |                                      |

#### Information Needed for Death Certificate

1. Name & home address
2. How long in state
3. Business name, address & phone
4. Occupation and title
5. Social Security number
6. Veteran's serial number, If applicable
7. Date of birth
8. Place of birth
9. U.S. citizenship
10. Father's name
11. Mother's maiden name
12. Education
13. Marital Status
14. Date of Death
15. Age
16. Race
17. Place of Death

*This information is required for burial permit by the board of health.*

#### Important Documents

1. Will
2. Funeral arrangements documents
3. Cemetery arrangement documents
4. Birth certificate
5. Social security card or no.
6. Marriage license
7. Citizenship papers
8. Insurance policies
9. Bank books
10. Deeds to property
11. Bill of sale of car
12. Income tax returns
13. Veteran's discharge certificate
14. Disability and pension claims

*This information is required to determine payments and benefits from insurance, pension, social security, etc.*

#### Funeral/Burial Expenses

1. Funeral Service
2. Funeral merchandise
3. Cemetery service
4. Cemetery merchandise
5. Clergy
6. Organist
7. Florist
8. Transportation

*Most of these items can be arranged and paid for in advance of need, thus easing the emotional and financial burden for the family.*

## LOCATION OF IMPORTANT DOCUMENTS

It is important that family members be able to locate these documents.

Indicate the location of each document with one of the following choices.

( 1 ) Specific Location at Home	( 2 ) Specific Location at Work	( 3 ) Safe Deposit Box	( 4 ) Attorney	( 5 ) Other Specific Location

Will(s) \_\_\_\_\_

Birth Certificate(s) \_\_\_\_\_

Birth Certificate(s) Children \_\_\_\_\_

Marriage License \_\_\_\_\_

Citizenship Papers \_\_\_\_\_

Veteran's Discharge Certificate(s) \_\_\_\_\_

Social Security Card(s) \_\_\_\_\_

## Life Insurance Policies

Health & Accident Insurance Policies \_\_\_\_\_

## Homeowners Insurance Policies

## Automobile Insurance Policies

Bill of Sale or Title to Automobile \_\_\_\_\_

Mortgage/Notes \_\_\_\_\_

Deeds of Real Estate \_\_\_\_\_

## Bank Account Information \_\_\_\_\_

Stock Certificates, Bonds, etc.

Pensions/IRA's \_\_\_\_\_

Income Tax Returns \_\_\_\_\_

Key to Safe Deposit Box

## Cemetery Arrangement Documents

## Funeral Arrangement Documents

**Important:** Documents that must be presented immediately should not be kept in a safe deposit box, as they may be needed at night, weekends or holidays when banking institutions are closed.

## PERSONAL RECORD

### *SELF*

Important information is needed for the death certificate. You can use this information for a newspaper obituary.

Name \_\_\_\_\_  
First middle last

Address \_\_\_\_\_  
street city state zip years at address

Previous Address \_\_\_\_\_  
city state years at address

State Residence Since \_\_\_\_\_ County Residence Since \_\_\_\_\_  
state year county year

Place of Birth \_\_\_\_\_  
state city county date

Date of Birth \_\_\_\_\_ Citizen of U.S.: ☐ Yes ☐ No

Social Security No. \_\_\_\_\_ Naturalization No. \_\_\_\_\_  
if not born in U.S.

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Name of Spouse \_\_\_\_\_ Years Married \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Years \_\_\_\_\_

Business Address \_\_\_\_\_  
street city state zip phone

Education \_\_\_\_\_  
school degree years

Military Service \_\_\_\_\_  
branch rank serial no.

Father's Name \_\_\_\_\_  
place of birth

Mother's Maiden Name \_\_\_\_\_  
place of birth

Organization Affiliations and Memberships \_\_\_\_\_

Interest and Hobbies \_\_\_\_\_

\_\_\_\_\_

## PERSONAL RECORD

### *SPOUSE*

Important information is needed for the death certificate. You can use this information for a newspaper obituary.

Name \_\_\_\_\_  
First middle last

Address \_\_\_\_\_  
street city state zip years at address

Previous Address \_\_\_\_\_  
city state years at address

State Residence Since \_\_\_\_\_ County Residence Since \_\_\_\_\_  
state year county year

Place of Birth \_\_\_\_\_  
state city county date

Date of Birth \_\_\_\_\_ Citizen of U.S.: ☐ Yes ☐ No

Social Security No. \_\_\_\_\_ Naturalization No. \_\_\_\_\_  
if not born in U.S.

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Name of Spouse \_\_\_\_\_ Years Married \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Years \_\_\_\_\_

Business Address \_\_\_\_\_  
street city state zip phone

Education \_\_\_\_\_  
school degree years

Military Service \_\_\_\_\_  
branch rank serial no.

Father's Name \_\_\_\_\_  
place of birth

Mother's Maiden Name \_\_\_\_\_  
place of birth

Organization Affiliations and Memberships \_\_\_\_\_

Interest and Hobbies \_\_\_\_\_

\_\_\_\_\_

## RELATIVES AND FRIENDS

Contact list of family to notify of your loved one's death. Enlist other family members and friends to make calls letting other know the news.

### ***SELF***

Self: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
Spouse: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
Sons: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
Daughters: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
Parents: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
Brothers: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
Sisters: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

# Grandchildren \_\_\_\_\_ # Great Grandchildren \_\_\_\_\_ # Nieces \_\_\_\_\_ # Nephews \_\_\_\_\_

### **OTHER RELATIVES AND FRIENDS**

Aunts: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
Uncles: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
Cousins: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
Mother-In-Law: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_  
Father-In-Law: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

## RELATIVES AND FRIENDS

Contact list of family to notify of your loved one's death. Enlist other family members and friends to make calls letting other know the news.

### *SPOUSE*

Self: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

Spouse: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

Sons: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

Daughters: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

Parents: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

Brothers: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

Sisters: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

# Grandchildren \_\_\_\_\_ # Great Grandchildren \_\_\_\_\_ # Nieces \_\_\_\_\_ # Nephews \_\_\_\_\_

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Aunts: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

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Cousins: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

Mother-In-Law: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

Father-In-Law: \_\_\_\_\_ Residence \_\_\_\_\_ Phone \_\_\_\_\_

## INSURANCE POLICIES

Unclaimed life insurance policies cost family members to lose large sums of money each year. Insurance benefits must be applied for at the time of a death. You will need a certified copy of the death certificate for each company. If policies are lost or destroyed, you will need the name of the company and policy number to make a claim.

### Life Insurance Policy or Policies

Insurance Company	Agency	Phone No.	Policy No.
Name of Insured	Beneficiary		Amount of Benefit
Insurance Company	Agency	Phone No.	Policy No.
Name of Insured	Beneficiary		Amount of Benefit
Insurance Company	Agency	Phone No.	Policy No.
Name of Insured	Beneficiary		Amount of Benefit
Insurance Company	Agency	Phone No.	Policy No.
Name of Insured	Beneficiary		Amount of Benefit

### Medical Insurance

Insurance Company	Agency	Phone No.
Individuals covered		Policy No.
Insurance Company	Agency	Phone No.
Individuals covered		Policy No.

### Disability Insurance

Insurance Company	Agency	Phone No.
Name of Insured	Monthly Benefit	Policy No.

### Property Insurance (Homeowners, automobile, boat, personal property, etc.)

Insurance Company	Agency	Phone No.
Property Insured	Type of Insurance	Policy No.
Insurance Company	Agency	Phone No.
Property Insured	Type of Insurance	Policy No.
Insurance Company	Agency	Phone No.
Property Insured	Type of Insurance	Policy No.



## BANK ACCOUNTS – INVESTMENTS – CREDIT CARDS

People often have bank accounts, stock, bonds, IRA's and other investments and neglect to advise family members of their existence. Each year, banks publish a list of names in newspapers looking for individuals who are entitled to money in accounts they were never aware of. To protect your loved ones against such a loss, record your accounts below.

### Banking Information

Type of Account \_\_\_\_\_ Account No. \_\_\_\_\_ Bank \_\_\_\_\_

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Type of Account \_\_\_\_\_ Account No. \_\_\_\_\_ Bank \_\_\_\_\_

Location of Safe Deposit Box \_\_\_\_\_ Box No. \_\_\_\_\_

Banking Representative to contact \_\_\_\_\_ Phone No. \_\_\_\_\_

### Investment Information

Type of Investment \_\_\_\_\_ Certificate No. \_\_\_\_\_ Company \_\_\_\_\_

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Type of Investment \_\_\_\_\_ Certificate No. \_\_\_\_\_ Company \_\_\_\_\_

Type of Investment \_\_\_\_\_ Certificate No. \_\_\_\_\_ Company \_\_\_\_\_

Financial Advisor to contact \_\_\_\_\_ Phone No. \_\_\_\_\_

### Credit Cards

1. American Express Account # \_\_\_\_\_ 6. \_\_\_\_\_

2. Mastercard Account # \_\_\_\_\_ 7. \_\_\_\_\_

3. Visa Account # \_\_\_\_\_ 8. \_\_\_\_\_

4. \_\_\_\_\_ 9. \_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_

Note: A copy of the death certificate must be sent to each credit card company that provides insurance benefits.

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Type of Account \_\_\_\_\_ Account No. \_\_\_\_\_ Bank \_\_\_\_\_

Type of Account \_\_\_\_\_ Account No. \_\_\_\_\_ Bank \_\_\_\_\_

Location of Safe Deposit Box \_\_\_\_\_ Box No. \_\_\_\_\_

Banking Representative to contact \_\_\_\_\_ Phone No. \_\_\_\_\_

### Investment Information

Type of Investment \_\_\_\_\_ Certificate No. \_\_\_\_\_ Company \_\_\_\_\_

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1. American Express Account # \_\_\_\_\_ 6. \_\_\_\_\_

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4. \_\_\_\_\_ 9. \_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_

Note: A copy of the death certificate must be sent to each credit card company that provides insurance benefits.

## **GOVERNMENT BENEFITS**

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### **SOCIAL SECURITY BENEFITS**

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#### **Death Benefit**

The least known of all social security benefits are those payable at the time of the death. A death lump sum payment (\$255) will be made to the surviving spouse of the insured person at the time of death. If there is no surviving spouse, the payment can be made only to eligible children under the age of eighteen (18) or disabled. Benefits are not paid automatically. Application must be made on approved forms within a specific time limit. Information that may be needed will include the following:

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| 1. Marriage Certificate             | 5. Social Security Number of Deceased |
| 2. Birth Certificate of Applicant   | 6. Social Security Number of Spouse   |
| 3. Birth Certificate of Deceased    | 7. Death Certificate                  |
| 4. Birth Certificate of Minor Child | 8. W-2 Form or Schedule C             |

#### **Survivor's Benefits**

If an insured person dies, the widow, dependent widower, children and dependent parents of that person may be eligible for monthly survivor's benefits. To receive a free booklet detailing survivor benefits contact the Social Security Administration.

To be sure your Social Security payroll deductions have been properly credited to your account, you should request a statement from the Social Security Administration every three years. If an error occurs in your records, it must be corrected within 39 months. If it isn't, it could affect the amount that you receive monthly upon retirement. To receive a free statement of your earnings covered by Social Security and your estimated future benefits, call the Social Security Administration.

Note: Social Security Administration toll free number is 1-800-772-1213.

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### **VETERANS BENEFITS**

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Veteran survivors are entitled to receive various benefits, depending upon the status of the serviceperson. The Veterans Administration offers a free pamphlet entitled "Summary of Department of Veterans Affairs Benefits." To receive this pamphlet or to obtain any information, contact the U.S. Department of Veteran Administration at 1-800-827-1000.

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### **CRIME VICTIMS COMPENSATION**

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The Crime Victims' Compensation Program is administered by the Office of the Attorney General and is dedicated to ensuring that crime victims receive every possible benefit. The Crime Victims' Compensation Program is 'the payer of last resort' after primary sources of payment – such as health insurance, Medicaid, Medicare, auto insurance or Texas Workers' Compensation – have been exhausted.

Who May Qualify – 1. An innocent victim of crime, 2. A dependent of a victim, 3. Immediate family or household members related by blood or marriage, 4. A peace officer, fire fighter or individual who is injured in a crime, etc.

Note: Crime Victims' Compensation toll free number is 1-800-983-9933.

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### **WILLS**

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Everyone needs a will. A will is one of the finest protections you can give your loved ones. Your will is the least expensive way to protect your life's work and savings. With a will, you name the person or persons to administer your estate, handle financial matters and act as guardian for your minor children. Without a will, the probate judge makes these decisions and the cost for this process can be as high as ten percent of the net value of your estate.

The law is very precise in its requirements with respect to the writing, signing and witnessing of wills. It is recommended that the preparation and execution of a will be handled by an attorney.

## MY FUNERAL / BURIAL INSTRUCTIONS

*SELF*

### Funeral Arrangements

**1. Services location:**   ☐ Church   ☐ Funeral Chapel   ☐ Cemetery   ☐ Other

Church \_\_\_\_\_

phone \_\_\_\_\_

Clergyman \_\_\_\_\_

phone \_\_\_\_\_

Funeral Home \_\_\_\_\_

phone \_\_\_\_\_

Cemetery \_\_\_\_\_

phone \_\_\_\_\_

Other \_\_\_\_\_

phone \_\_\_\_\_

Funeral Certificate Number \_\_\_\_\_

Viewing:   ☐ Family and Friends   ☐ Immediate Family Only   ☐ None

Certificate in name of \_\_\_\_\_

phone \_\_\_\_\_

Time(s) for viewing or wake \_\_\_\_\_

Casket \_\_\_\_\_

Clothing \_\_\_\_\_

Military service:   ☐ Yes   ☐ No   Flag:   ☐ Yes   ☐ No

Lodge service:   ☐ Yes   ☐ No   Organization \_\_\_\_\_

Transportation:   ☐ Lead car   ☐ Clergy car   ☐ Flower car   ☐ Family Limousine

### Pallbearers

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Burial Arrangements:**

Birth Certificate Number \_\_\_\_\_

Type: ☐ Ground Burial ☐ Mausoleum ☐ Cremation/memorialization ☐ Other

Certificate in name of \_\_\_\_\_

In-ground interment: Section \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Grave \_\_\_\_\_  
phone \_\_\_\_\_

Vault preference \_\_\_\_\_

Above ground entombment: Tier \_\_\_\_\_ Row \_\_\_\_\_ Level \_\_\_\_\_ Crypt \_\_\_\_\_

Columbarium: Tier \_\_\_\_\_ Row \_\_\_\_\_ Level \_\_\_\_\_ Niche \_\_\_\_\_ Section \_\_\_\_\_

**3. Memorialization Arrangements:**

Memorialization Certificate Number \_\_\_\_\_

Type: ☐ Flush Memorial ☐ Upright Monument ☐ Companion ☐ Single☐ Granite ☐ Bronze ☐ Urn

Manufacturer \_\_\_\_\_

**3. Personal Wishes:**Flowers and memorial contributions: ☐ Prefer flowers ☐ Either flowers or memorial contributions☐ Prefer memorial contributions made to: \_\_\_\_\_

Color \_\_\_\_\_ Type \_\_\_\_\_

Glasses to be worn: ☐ Yes ☐ No Remove before interment Return to \_\_\_\_\_Jewelry: ☐ Stay on ☐ Return to \_\_\_\_\_

Organist \_\_\_\_\_ Soloist \_\_\_\_\_

Music selections \_\_\_\_\_

Total number of certified copies of death certificates needed \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## MY FUNERAL / BURIAL INSTRUCTIONS

### *SPOUSE*

#### Funeral Arrangements

**1. Services location:**   ☐ Church   ☐ Funeral Chapel   ☐ Cemetery   ☐ Other

Church \_\_\_\_\_

phone \_\_\_\_\_

Clergyman \_\_\_\_\_

phone \_\_\_\_\_

Funeral Home \_\_\_\_\_

phone \_\_\_\_\_

Cemetery \_\_\_\_\_

phone \_\_\_\_\_

Other \_\_\_\_\_

phone \_\_\_\_\_

Funeral Certificate Number \_\_\_\_\_

Viewing:   ☐ Family and Friends   ☐ Immediate Family Only   ☐ None

Certificate in name of \_\_\_\_\_

phone \_\_\_\_\_

Time(s) for viewing or wake \_\_\_\_\_

Casket \_\_\_\_\_

Clothing \_\_\_\_\_

Military service:   ☐ Yes   ☐ No   Flag:   ☐ Yes   ☐ No

Lodge service:   ☐ Yes   ☐ No   Organization \_\_\_\_\_

Transportation:   ☐ Lead car   ☐ Clergy car   ☐ Flower car   ☐ Family Limousine

#### Pallbearers

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Burial Arrangements:**

Birth Certificate Number \_\_\_\_\_

Type: ☐ Ground Burial ☐ Mausoleum ☐ Cremation/memorialization ☐ Other

Certificate in name of \_\_\_\_\_

In-ground interment: Section \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Grave \_\_\_\_\_  
phone \_\_\_\_\_

Vault preference \_\_\_\_\_

Above ground entombment: Tier \_\_\_\_\_ Row \_\_\_\_\_ Level \_\_\_\_\_ Crypt \_\_\_\_\_

Columbarium: Tier \_\_\_\_\_ Row \_\_\_\_\_ Level \_\_\_\_\_ Niche \_\_\_\_\_ Section \_\_\_\_\_

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Memorialization Certificate Number \_\_\_\_\_

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Color \_\_\_\_\_ Type \_\_\_\_\_

Glasses to be worn: ☐ Yes ☐ No Remove before interment Return to \_\_\_\_\_Jewelry: ☐ Stay on ☐ Return to \_\_\_\_\_

Organist \_\_\_\_\_ Soloist \_\_\_\_\_

Music selections \_\_\_\_\_

Total number of certified copies of death certificates needed \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_