



Funeral Prearrangement Information Form

Name: _____

Address: _____
(street) (town) (zip)

Telephone: (_____) _____ Email: _____

Person Who Will Be in Charge of Handling My Funeral Arrangements:

Name: _____ Relationship: _____

Address: _____
(street) (town) (zip)

Telephone: (_____) _____ Email: _____

Date of Birth: _____ Where: _____

Social Security No: _____

Parents' Names:

Father: _____ If living, city/town: _____

Mother: _____ If living, city/town: _____

If surviving spouse _____

Married where/when: _____

Education: _____ (years completed) _____

Occupation: _____ If retired, date: _____

Employer/ Address: _____

Military Service: _____ Yes _____ No If yes, list branch/rank/years of service:

Member of Civic, fraternal, Community Organizations:

Church Membership: _____

Do you want to have Calling Hours/Wake: _____ Yes _____ No

Request for calling hours _____

Funeral service or Mass of Christian Burial? _____ Yes _____ No

Request for funeral _____

Cremation: _____ Yes _____ No

Burial: _____ Yes _____ No If yes, where, _____

Deed Information: _____

Section

Plot/Lot

Grave

Other

Do you want to designate memorial contributions: _____ Yes _____ No

Name and address of organization(s):

Please return this form to Hufcut Funeral Home and give a copy to the person who will be in the charge of your funeral arrangements. Thank you.