



Funeral Home Prearrangement Form

2222 Wisconsin Avenue, N.W.
Washington, DC 20007

10 East Deer Park Drive
Gaithersburg, M.D. 20877

Personal Information

Full Legal Name: _____

Street address: _____

City: _____ State/zip: _____

Date of birth: _____

Place of birth: _____

Citizenship: _____

Occupation: _____

Employer: _____

Type of business: _____

Mother's Maiden name: _____

Father's name _____

Social Security#: _____ Highest level of Education _____

Military Information

Dates of service: _____

Branch of service and rank: _____

Service number: _____

Wars/Conflicts served: _____

Upon my death please notify

Next of kin name: _____

Street address: _____

City _____

State/Zip _____

Telephone number: _____

Relationship: _____

Personal Information about my loved ones

Spouse: _____

Place and date of spouse's death: _____

Children: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Personal friends and relatives

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Personal Wishes

To eliminate burden and hardship for my loved ones I have:

- | | | |
|----------------------|---|---|
| | <input type="checkbox"/> Prearranged my funeral | <input type="checkbox"/> Prefunded my funeral |
| Viewing/Visitation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Open casket | <input type="checkbox"/> Closed casket |
| Location of ceremony | <input type="checkbox"/> Funeral home | <input type="checkbox"/> Graveside |
| | <input type="checkbox"/> Church | <input type="checkbox"/> Other _____ |
| | Church preference _____ | |
| | Clergy desired _____ | |
| Type of ceremony | <input type="checkbox"/> Traditional | <input type="checkbox"/> Graveside |
| | <input type="checkbox"/> Cremation | <input type="checkbox"/> Immediate burial |
| | <input type="checkbox"/> Other _____ | |

Pall Bearers

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Floral request: _____

Memorial contributions: _____

Music: _____

Clothing Mine Purchase new clothes

Jewelry Remove Leave on

Newspaper notice Yes No

Cemetery: _____

Telephone number: _____

Lot description: lot no. _____ Space no. _____ Section _____

Deed owner/location: _____