

Fir Lawn

Funeral Chapel



A Personal Pre-Planning Guide

For: _____

Too many times families come to Fir Lawn to make arrangements for a loved one and say,

- ◆ “I wish I knew what she would have preferred.”
- ◆ “He never said whether he wanted burial or cremation.”

With this planning guide, we trust that any confusion, uncertainty or unnecessary expense will be avoided. Our goal is to ensure that all of your personal choices are carried out exactly as you desire.

Your planning guide should be kept in a safe place that is readily accessible to your family. It **should not** be kept in a safe-deposit box. If you would like, you are welcome to keep a confidential copy on file in our office.

Should you have any questions regarding these arrangements, please feel free to call us (360-864-2101) or stop by our office at any time.

**“WHY IS IT SO IMPORTANT TO
FILL-OUT**

**THIS PRE-PLANNING GUIDE
NOW**

**RATHER THAN
LATER?”**

REASON #1: Your family will be grateful later that you took the initiative to pre-plan your arrangements now.

- Pre-arranging your wishes is one of the most loving and caring gifts that you can give to your family. It removes the emotional burden from them during a difficult time and spares them from decisions that they would rather have you make for yourself.

REASON #2: You will save your family money later by guaranteeing the cost of your arrangements at today's prices.

- Budget-friendly financing is available at Northwood Park for those who wish to pre-arrange their wishes. Taking care of this today will remove any financial burden that your family might face in the future.

BOTTOM LINE; The MORE you do for your family NOW, the LESS they will have to worry about LATER. Consider the 80 THINGS that must be done by survivors when a person passes away:

Notify Immediately: Your doctor or doctors, the funeral home/funeral director, the cemetery, your relatives & friends, your employer, insurance agents, organizations (religious, civic, etc.), attorneys, accountant, executor of estate and newspaper(s) to submit an obituary.

Decide and Arrange Immediately: The funeral home, select a cemetery, purchase burial or cremation property, select a casket, clothing for the deceased, select a burial vault, arrange type of service (graveside, military, etc.) and location, select clergy, provide information for eulogy, select flowers, arrange for music and viewing, select memorial, answer phone calls, return messages, drive to the airport and provide lodging for out-of-town relatives, contact pallbearers, check the will for special wishes, and order certified death certificates.

Secure Vital Statistics: Name, home address, phone number, date of birth, place of birth, U.S. citizenship, race, education, surviving spouse's name, father's name and birthplace, mother's maiden name and birthplace, length of residency in county/state, occupation and title, social security number, Veteran's service number, religious affiliation.

Collect Documents (required for insurance, pensions, social security, VA, etc.): Your will, legal proof of age, birth certificate, Social Security card, marriage license, citizenship papers, deed to burial property, insurance policies, deeds of real property, bank books, checks, Veteran's discharge papers, disability and pension claims.

Pay For The Following: Funeral home charges, the funeral service, casket, the cremation, memorial book/folders, death certificates, obituary, clergy, musicians, flowers, mausoleum, burial plot or cremation space, endowment care, outer burial container, grave opening and closing, flat or upright memorial, transportation, food, doctor/hospital/ambulance, medical/drug bills, and other current and urgent bills such as mortgage, taxes, estate fees, etc.

PERSONAL INFORMATION RECORD

Before burial or cremation can take place, it is necessary to have the following vital information obtained for the death certificate, which is filed and registered with the county where the death occurs.

Full Legal Name (please print) _____

Birth Date _____ / _____ / _____ **Current Age** _____

Street Address _____ **City** _____ **State** _____

Zip _____ **County** _____

Length of time at your current residence _____ **Do you live inside the city limits?** Y N

Phone Number (_____) _____

Social Security # _____ / _____ / _____

Birthplace (City, State, County) _____

U.S. Citizen Yes No

Hispanic Origin or Descent? Yes No If yes, specify: Cuban, Mexican, Puerto Rican,
etc. _____

Race You Consider Yourself to Be (please circle one): Caucasian Asian American Indian
Black/African-American Hispanic Other (name) _____

Marital Status (please circle one): Married Never Married Widowed Divorced

Spouse (If wife, give your maiden name) _____

Father's Full Name _____

Mother's Full Name (Include maiden name) _____

Usual Occupation When Working (Don't use "Retired") _____

Type of Industry _____

Education (specify highest grade completed or degree earned)

Veteran Yes No **Branch of Military** _____

Primary Physician _____ **Address/Phone#** _____

Have you used tobacco in the past 15 years? Yes No

Do you own cemetery property? Yes No **If yes, where?** _____

Type of Service(s) Preferred (subject to change)

- | | |
|--|--|
| <input type="checkbox"/> Burial | <input type="checkbox"/> Cremation |
| <input type="checkbox"/> Traditional | <input type="checkbox"/> Graveside |
| <input type="checkbox"/> Memorial/COL* | <input type="checkbox"/> Direct Burial |
| <input type="checkbox"/> Undecided | |

*COL – Celebration of Life

PERSONAL OBITUARY INFORMATION

Selected newspaper(s) for obituary _____

Memberships (church, clubs, lodge, civic group, etc.)

- Hobbies/Interests/Activities:** Flower/Vegetable Gardening Crocheting/Quilting Traveling
 Reading Crossword Puzzles Jigsaw Puzzles Board Games Cards Cooking
 Garage Sales TV Computer Woodworking
 Fishing/Hunting Outdoors/Hiking/Camping Photography Music Specific Sport: _____
 Other Activities _____

Noteworthy Awards/Recognition, Work-Related Accomplishments, Educational Achievements, Military Honors, etc.

Living Family Members (additional pages may be added)

Name	Relationship	City & State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name	Relationship	City & State

Deceased Family Members (additional pages may be added)

Name	Relationship	Year of Death

of Grandchildren: _____ **# of Great Grandchildren:** _____

of Great Great Grandchildren _____

Suggested Memorial Donations (optional): _____
