

PERSONAL HISTORY:

First _____ Middle _____ Last _____

Maiden Name _____ Social Sec. # _____

Phone Number _____ Email _____

Street _____ City _____

County _____ State _____ Zip _____

Birthdate _____ Birthplace _____ Male Female

Nationality/Citizenship _____ Highest Education Level Completed _____

Employed By (or retired from) _____ Job Title _____ Retired in _____

Marital Status _____ Where _____ When _____

Spouse's Name (include Maiden Name) _____

Father's Name _____

Mother's Name (include Maiden name) _____

Veteran: Yes No Branch of Service _____ Service dates _____

Informant's Name (Family Contact, POA, Executor, Etc.) _____

Address _____ City _____ State _____

Phone _____ Email _____

PERSONAL PREFERENCES:

Church Preference _____ Phone _____

Officiant _____ Phone _____

Disposition Preference: Burial Cremation Other: _____

Service to be held at: Funeral Home _____

Church _____

Graveside only (cemetery) _____

Visitation only (at Funeral Home) _____

Name of Cemetery _____ City _____ State _____

Cemetery Plot information _____

Does the cemetery property have a marker or stone on it already? Yes No

Visitation: Evening prior to service / one hour prior to service only / Other: _____

Picture in obituary: Yes No Submit in these papers: _____

Casket _____ Vault _____

Urn _____ Urn Vault _____

Folder _____ Prayer _____

Prayer Card _____ Prayer _____

Participating Fraternal, Military or Service Organization _____

Flag (if Veteran) Folded Draped Presented to _____

Specific Clothing _____ Glasses: Yes

Jewelry _____ Flowers (type) _____

Music Selections _____

Favorite Literature or Religious Passages / Verse _____

Contributions (Name of Charity) _____

Additional Requests _____

ESTATE/FINANCIAL INFORMATION: (optional)

Do you have a will? Yes No - Location _____

Living Will? Yes No - Location _____

Trust? Yes No - Location _____

Life Insurance? Yes No - Location _____

Attorney _____ POA _____

Name of your bank _____ Safe Deposit Box: _____

Location of Military Records (DD214) _____

Location of other Records _____

Notes: _____

The following information represents my person preferences for the purpose of assisting my family in making funeral and burial arrangements at the time of need. I understand that a contract between myself and the funeral home in which the funeral home agrees to provide specific services and merchandise which I may pre-select, and for which I may pre-pay, may be available to me, but I wish to clearly advise my family that this form does not constitute such a contract. As of this date _____, I would prefer that my family work with Byron Funeral Home, Byron, MN and honor the requests above.

Signature _____ Witness of signature _____

Pre-Planning Guide



1620 Voll Drive SW

Byron, MN 55920

(507) 315-1330

www.byronfuneralhome.com