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## FUNERAL PLANNING

Name: \_\_\_\_\_

1. Funeral Home:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Contact Person: \_\_\_\_\_
  - d. Telephone: \_\_\_\_\_
  
2. Refer to Health Care Directive for preference for bodily remains. If cremation, special instructions for remains: \_\_\_\_\_  
\_\_\_\_\_
  
3. Cemetery:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Phone: \_\_\_\_\_
  - d. Plot or mausoleum already purchased? \_\_\_\_\_ Yes \_\_\_\_\_ No
  
4. Grave Markers:
  - a. Marker selected and paid for? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - b. If not already purchased, type of marker preferred: \_\_\_\_\_  
\_\_\_\_\_
  - c. Inscription or design preferred: \_\_\_\_\_

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5. Death Certificate Information:

- a. Full Name: \_\_\_\_\_
- b. Maiden Name: \_\_\_\_\_
- c. Date of Birth: \_\_\_\_\_
- d. Place of Birth: \_\_\_\_\_
- e. Race: \_\_\_\_\_
- f. Full Name of Father: \_\_\_\_\_
- g. Birthplace of Father: \_\_\_\_\_
- h. Full Maiden Name of Mother: \_\_\_\_\_
- i. Birthplace of Mother: \_\_\_\_\_
- j. Residence Address: \_\_\_\_\_
- k. County: \_\_\_\_\_
- l. Military Service: \_\_\_\_\_
- m. Branch of Service: \_\_\_\_\_
- n. Locations of Service: \_\_\_\_\_
- o. Military Honors: \_\_\_\_\_

6. General Information:

- a. Church Affiliation: \_\_\_\_\_
- b. Minister's Name: \_\_\_\_\_
- c. Civic Memberships, Organizations, Clubs, etc.: \_\_\_\_\_  
\_\_\_\_\_
- d. Community Service Involvement: \_\_\_\_\_  
\_\_\_\_\_
- e. Special Interests, Hobbies, Special Accomplishments: \_\_\_\_\_  
\_\_\_\_\_

- f. Pets: \_\_\_\_\_
7. Obituary:
- a. If you would like your picture to appear, which picture would you like: \_\_\_\_\_  
\_\_\_\_\_
- b. Which newspapers would you like your obituary to appear in: \_\_\_\_\_  
\_\_\_\_\_
- c. Outline of obituary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe your casket preference: \_\_\_\_\_  
\_\_\_\_\_
9. Clothing:
- a. Describe the outfit you would like to have: \_\_\_\_\_  
\_\_\_\_\_
- b. How should your hair be styled? Do you have a preferred hairdresser? Do you have a picture: \_\_\_\_\_  
\_\_\_\_\_
10. Jewelry:
- a. Any preference for jewelry: \_\_\_\_\_
- b. Who should the jewelry be returned to: \_\_\_\_\_
11. Funeral Service:
- a. Type of service (full funeral, memorial service, graveside service, no service, other): \_\_\_\_\_  
\_\_\_\_\_

- b. Viewing of body (public, private, no viewing): \_\_\_\_\_
- c. Services should be held at: \_\_\_\_\_
- d. Services should be conducted by: \_\_\_\_\_
- e. Eulogy to be given by: \_\_\_\_\_
- f. Favorite readings (scriptures, poems, Psalms): \_\_\_\_\_  
\_\_\_\_\_
- g. Gifts (flowers, charities, etc.): \_\_\_\_\_  
\_\_\_\_\_
- h. Pallbearers
- i. Active: \_\_\_\_\_  
\_\_\_\_\_
- ii. Honorary: \_\_\_\_\_  
\_\_\_\_\_
- i. Other special instructions (music, who should do readings, etc.): \_\_\_\_\_  
\_\_\_\_\_