

FUNERAL INFORMATION

(Please be sure a close family member or friend is aware of this information)

Are you a veteran of the U.S. Armed Services?

(If yes, please include a copy of your discharge papers)

Yes

No

If you are entitled to a military funeral, do you wish one?

Yes

No

Do you wish to have a fire service funeral?

Yes

No

Do you wish to have your casket on a Fire Engine Caisson or other?

Yes

No

Place of Worship		Religion
Address		
City	State	Zip
Phone number		

Preferred Funeral Home		
Address		
City	State	Zip
Phone number		
Donation in lieu of flowers to		

Final Disposition: Burial Cremation

Cemetery Name		
Cemetery Address		
City	State	Zip
Phone number		

Do you own a cemetery plot? Yes No

If yes, who holds the records (deed)?