

## Federal Planning Form

### Marital Services

Funeral Home: _____		Funeral Director: _____	
Address: _____		Phone No: _____	
Service Place: _____		Service Provider: _____	
Affiliations with Veterans, War Orphans, etc. _____			
Home Guard Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide for: <input type="checkbox"/> Service <input type="checkbox"/> Wife		
Home Guard Contact: _____		Phone No: _____	
Scripture to be Read: _____			
Bier: _____			
Casket: _____		Burial: _____	
Additional Memorial Contributions: _____			
<input type="checkbox"/> Open Casket	<input type="checkbox"/> Closed Casket	Flowers: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Burial: _____			

### Burial

Cemetery: _____		Address: _____	
Phone No: _____	<input type="checkbox"/> Crypt <input type="checkbox"/> Vault <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial		
Casket Material: <input type="checkbox"/> Oak <input type="checkbox"/> Larch <input type="checkbox"/> Maple <input type="checkbox"/> Walnut <input type="checkbox"/> Pine			
Engraving: _____			
Location: _____		No. of Spaces: _____	
Cemetery Description: _____		Location: _____	
Casket: <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Marble <input type="checkbox"/> Copper <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____			
Enc: <input type="checkbox"/> Bronze <input type="checkbox"/> Wood <input type="checkbox"/> Marble <input type="checkbox"/> Other: _____			

### Walls

Height <input type="checkbox"/> Yes <input type="checkbox"/> No	Width <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: _____	
Base of Wall: _____	
Beverage: _____	
Phone: _____	

### Obituary Information

Name: _____	Spouse: _____
Children: _____	
Children: _____	
Date of Death: _____	Place of Death: _____
Age: _____	Sex: _____
Married Date: _____	Married Place and Year: _____
Wedding Date: _____	Married Place and Year: _____
Funeral Home Address: _____	Service Religion: _____
Place Buried: _____	Married Contributions: _____
Date of Birth: _____	Place of Birth: _____
Education: _____	Class Grad In: _____
Working Date: _____	Employment: _____