



Quantum Financial Planning Services, Inc.

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Funeral Planning Form

To relieve the burden of making decisions and arrangements in the time of need, below are my wishes and information regarding my funeral service:

Full Name _____
(First) (Middle) (Last)

Address _____

Married _____ Never Married _____ Widowed _____ Divorced _____

Employer _____ Year: Started _____ Retired _____

Birthplace _____ Date of Birth ____/____/____

Social Security # ____ - ____ - ____

Ever in the US Armed Forces? Yes _____ No _____ Branch _____

Rotary? _____ Kiwanis? _____ Lions? _____ Other? _____

Church Affiliation _____

Funeral Home _____ PrePaid Yes _____ No _____
Name City State

Cemetery _____ PrePaid Yes _____ No _____
Name City State

Section _____ Plot No _____ Block _____ Location of Deed _____

Location of Wills/Trusts _____

Spouse (Maiden Name): _____

Sons

Daughters

Parents _____
(Father)

_____ (Mother-Maiden Name)

Number: Grandchildren _____ Great-Grandchildren _____

THESE ARE MY WISHES CONCERNING MY FUNERAL:

- I. A. That there be no public viewing of the body.
or
B. That there be a public viewing of the body

- II. A. That the service be held in church with the body present.
or
B. That a memorial service be held in the church some time after burial or cremation.
or
C. That the service be held in a funeral home.

- III. A. That the following hymns or songs will be sung:

B. That the following scriptures be read:

C. That the following clergyman conduct the services:

- IV. A. That my body be cremated: Yes _____ No _____
B. If so, that my ashes be: _____

- V That in lieu of flowers family and friends may make contributions to:

- VI. That the following person is to have final authority concerning my funeral and has The right to change any of the above arrangements, if necessary,

- VII. Other Special Instructions:

Signed: _____ Date: _____