

FUNERAL REQUESTS

OF

Funeral Home: _____

Director: _____ Telephone: _____

Address: _____

Service Type: Religious: _____ Military: _____ Fraternal: _____

Person Officiating: _____ Telephone: _____

Music Selections: _____

Reading Selections: _____

Flowers: _____

Memorials: _____

Pallbearers: _____

Disposition: Burial: _____ Cremation: _____

Other Instructions: _____

BURIAL

Cemetery: _____

Location: _____

Section: _____ Plot No.: _____ Block: _____

Location of Deed: _____

Special Instructions: _____

FUNERAL EXPENSES COVERAGE

Life Insurance: _____

Social Security: _____ Veteran's Administration: _____

Union Benefit: _____ Fraternal Organization(s): _____

Pension Benefit: _____

Burial Insurance: _____

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