

Price, Urbauer, Ahrendts Funeral Homes Deceased Information Sheet

Using your mouse, please click inside & type (and save) your answers for each field.

Full Name:	Age	Years	Months	Days
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How you would like name printed on Funeral Folder:	Occupation: (kind of work done for most of life)
<input type="text"/>	<input type="text"/>

Address:	On Farm?	Yes / No	Social Security Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fathers Name:	Mothers Name:
<input type="text"/>	<input type="text"/>

He / She is one of how many children born into this marriage?	Date Of Birth	Place Of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Born on Farm?	In City Limits?	What Ancestry?
<input type="text"/>	<input type="text"/>	<input type="text"/>

The next two questions need not be answered unless you would like them in the obituary.

Baptism Date:	Place	Minister Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Confirmation Date:	Place	Minister Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

He / She is a member of what church?	How Long?
<input type="text"/>	<input type="text"/>

Schools Attended:	Highest grade completed:
<input type="text"/>	<input type="text"/>

He/ She a Veteran? (if so, we'll need a copy of discharge)	Dates of War Service	Military Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you wish to have a military service at the graveside? Yes or No (click in yellow area and type)

Married to: (use maiden name)	Date	Place
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of children born into this marriage?	List communities lived in during this marriage:
<input type="text"/>	<input type="text"/>

List organizations belonged to; offices held:
<input type="text"/>

If in nursing home, please list approximate date entered: (click in yellow areas and type)

Name of Nursing Home
<input type="text"/>

Will you need a copy of the death certificate? Yes or No How Many?

Continue next page...

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Brother & Sisters (please list addresses and spouses after names) * Use tab key to add more lines

List living Brothers / Sisters

Addresses

List living parents and/or grandparents

Addresses

FUNERAL INSTRUCTIONS

Funeral Service to be held at:

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Day Date Time (click inside yellow areas and type)

Place of burial:

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Is the grave marked with a monument? Yes or No (If not, we will place a temporary marker on the grave.)

If you are interested in a monument or marker, may I show you some? Yes or No

Would any family member like to participate with the funeral ceremony? (reading a tribute etc.) Yes or No

If Yes, please give name of that person(s).

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Do you have any special wishes in regard to the funeral ceremony? Please specify:

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Minister Name

Vocalist(s) Name

Organist Name

Songs / Titles

Pallbearers Names (A car will be provided by the Funeral Home for the casket bearers)

Do you want the funeral home to provide a car for the family? Yes or No

Honorary Bearers (names)

Name of hairdresser preferred:

Would you like to have a family flower service? Yes or No (click inside yellow areas and type)

If Yes when?, A=One hour before the funeral or; B= Evening before the funeral, etc.. (A or B?)

Where would the family like to sit during the funeral. A=Front or B=rear of the church. (A or B?)

Do you have any memorial gift preferences? Please list. (Hospital , church etc.)

What newspapers would you like the obituary notices to appear in?

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**Please furnish clothing, jewelry and glasses to be worn.
Please specify if the jewelry is to be removed before closing the casket!**

Would the family like the funeral home to write the obituary? Yes or No (click inside yellow areas and type)

If yes, please list any other items you want to use in the obituary, such as hobbies and personal items.

I instruct PRICE FUNERAL HOME to carry out the above instructions.

Name:

Relationship to deceased.

Once you have finished entering data for all 5 pages within this form, please save your MS Word document as: > *deceased name.doc* and attach the [Information Sheet](#) to an e-mail to us as soon as possible, at: infosheet@priceurbauerahrendts.com Otherwise you may print out the 5 pages, fill them out by hand and fax them directly to us at: 1-402-768-6202. Call with any questions 402-768-6211