

# **Advance Planning Guide and Biographical Record**



Where your wishes have governed for four generations

**Locke Funeral Home**  
**1519 West 4<sup>th</sup> Street**  
**Waterloo, Iowa 50702**  
**(319) 233-6138**

[www.LockeFuneralHome.com](http://www.LockeFuneralHome.com)



**NOTES:**

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Please don't hesitate to give us a call if you have any questions or concerns when completing this booklet. We're here to help.

**(319) 233-6138**  
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Pre-arranging a funeral—whether that means preplanning, making specific arrangements, or prepaying—is not for everyone but can be very helpful for some. It gives assurance that your wishes and instructions will be carried out.

It is our purpose to fairly, honestly, and compassionately offer our help. We believe we have responsibility to help people make the correct decision for themselves by providing them with information and explaining possible options. When you reach a decision, our help is available to carry out your instructions.

In 1945, C. P. Locke pledged Locke Funeral Home would be “where your wishes govern.” This has held true for four generations in part because we measure our success by your satisfaction with our help.

Locke Funeral Home can help you and your family during this stage in your life. By reading through this packet at your leisure and filling out what you feel is comfortable, you are insuring your final instructions will be carried out. The questions asked in this brochure provide your family and the funeral home with necessary information for filling out forms such as the death certificate, social security form, newspaper obituary and veterans notification. Some of this may be useful to your family at the time of death when locating important papers and arranging the funeral service.

There are several options available to you upon the completion of this booklet. The most important thing to keep in mind is to make sure that someone else knows where this is located.

Please do not hesitate to call us if you have any questions when completing this booklet.

John R. Locke	Jack R. Locke	Eric J. Locke
Rick A. Hulstein		Kristine M. Hirsch

**(319) 233-6138**  
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The following section contains biographical information. This information is necessary to help the funeral director complete forms such as the death certificate, social security form, and newspaper obituary. We can keep a copy of this information in our fireproof file which is accessible to us 24 hours a day. Also, you may wish to keep a copy of this information in a file where your family can access it in an emergency.

**Name Known By:** \_\_\_\_\_

**Full Given Name:** \_\_\_\_\_

**Residence Street:** \_\_\_\_\_

**City/St:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Inside City Limits Y / N**

**Formerly of:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Sex:** Male / Female

**City / State of Birth:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mother's Name** (include maiden name): \_\_\_\_\_

**Race:** \_\_\_\_\_ **Hispanic in Origin:** Yes / No

**If yes, specify Cuban, Mexican, etc:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

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**If you chose cremation, where are the cremated remains to be delivered? *For example: cemetery, family member, etc.***

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I, \_\_\_\_\_,  
have filled out the preceding information in an attempt to help make decisions at the time of my death.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Local Emergency Contact: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

**Education:**

Elementary/Secondary (years) \_\_\_\_\_ College (years) \_\_\_\_\_

*In the space below, list schools attended, degrees obtained.*

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**Marital Information:** *include spouse's maiden name, marriage date, place of marriage, and date of death, if applicable.*

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**Social Security Number:** \_\_\_\_\_

**Occupation:** *include your job title, name of employer, kind of business, years with the company, retirement date.*

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**Civic or Public Offices Held:** *include place, date of service, positions held.* \_\_\_\_\_

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**Lodges or Clubs that you belong to:** *include offices held and membership dates.* \_\_\_\_\_

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**Special Achievements or Recognition:** \_\_\_\_\_

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**Church Membership:** \_\_\_\_\_

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**Other newspapers you may want notified:** \_\_\_\_\_

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**Special Jewelry:** *if it is to be removed and who should it be returned to.* \_\_\_\_\_

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**Special Instructions for the Visitation:** \_\_\_\_\_

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**Participating Organizations:** *church, military, etc.* \_\_\_\_\_

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**Type of Disposition:** *such as burial, cremation, body donation.*

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**Special Instructions for Committal Service:** \_\_\_\_\_

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**Cemetery Information:**

**Name:** \_\_\_\_\_

**City / State:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grave Description:** **Section:** \_\_\_\_\_ **Lot No.:** \_\_\_\_\_

**Space:** \_\_\_\_\_ **Is grave marker installed?:** \_\_\_\_\_

**Monument Dealer Name:** \_\_\_\_\_

**Any cemetery services or merchandise purchased?**

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**Casket Bearer Suggestions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Flower Shop:** \_\_\_\_\_

**Flower Requests:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Memorial Donations:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Special Clothing to be Used:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Hairdresser:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Special Instructions for the Service:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Survivors:** *include relationship, name, spouse if any, city and state, and phone number.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Names:**

**Grandchildren:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Great-Grandchildren:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Great-Great-Grandchildren:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Deceased members of the family: *include relationship.***

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**Veteran Information:**

**Are You a Veteran?** \_\_\_\_\_

**Branch of Service:** \_\_\_\_\_

**Date Entered into Service:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date of Separation:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Grade/Rank:** \_\_\_\_\_

**VAC Number:** \_\_\_\_\_

**Service Number:** \_\_\_\_\_

**Organizations Served With:** \_\_\_\_\_

**Are you receiving benefits due to a service related injury?**

\_\_\_\_\_

**Where is copy of your discharge located?** \_\_\_\_\_

\_\_\_\_\_

The following section contains a series of questions for you to answer, providing instructions and suggestions for how you want your funeral service. These guidelines will help insure that your final wishes are carried out. A copy of these instructions can be kept in our fireproof file with your biographical record. You may also want to file it with your copy of the biographical record.

**Funeral Service Information:**

**Place of Service: *name of church, funeral home, graveside, etc.***

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**Clergy: *name and church*** \_\_\_\_\_

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**Organist:** \_\_\_\_\_

**Vocalist:** \_\_\_\_\_

**Special Music or Hymns:** \_\_\_\_\_

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**Favorite Bible Passages, Quotations, Poems, etc.:**

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Locke Funeral Home can assist your family with many details following the service.

These details include help:

- Recognizing things which need to be done
- Notifying Social Security Administration
- Applying for Veterans Administration Benefits
- Obtaining certified copies of the Death Certificate
- Assisting with other benefits and claims

*If you wish to remove this section instead of filing it at the funeral home, gently pull out these pages.*

The following information will help your family organize your finances at the time of death. While the following information can be kept in our confidential fireproof file, it could also be kept in a lockbox or given to a family member.

**Insurance Policies:** *Include type of policy, issuing company, location of the policy, agent and agent's phone number.*

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**Bank Accounts:** *Include bank name, account number, and type of account.*

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**Stocks and Bonds:** *Include broker name, phone number and the location of your portfolio.*

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**Pension Plans or Annuities:** *include company and account number.*

\_\_\_\_\_

**Credit Cards:** *include company, account number, and phone number:*

\_\_\_\_\_

\_\_\_\_\_

**Real Estate Owned:** *include street address, city and state.*

\_\_\_\_\_

\_\_\_\_\_

**Location of Important Papers**

**Mortgage:** \_\_\_\_\_

**Military Discharge:** \_\_\_\_\_

**Vehicle Titles:** \_\_\_\_\_

\_\_\_\_\_

**Safe Deposit Box: Bank:** \_\_\_\_\_

Key \_\_\_\_\_ # \_\_\_\_\_

**Will:** \_\_\_\_\_

**Deed or Notes:** \_\_\_\_\_

\_\_\_\_\_

**Other Important Papers:** \_\_\_\_\_

\_\_\_\_\_

**People to be Contacted:** *include names and phone numbers.*

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\_\_\_\_\_

\_\_\_\_\_

*Include the names of your:*

**Physician:** \_\_\_\_\_

**Optometrist:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_

**Pharmacist:** \_\_\_\_\_

**Accountant:** \_\_\_\_\_

**Attorney:** \_\_\_\_\_