

LOCKE FUNERAL HOME
ADVANCED PLANNING BIOGRAPHICAL RECORD

Date: _____ **Phone:** _____

Name Known By: _____

Full Given Name: _____

Residence: Street & Number: _____

City: _____ **State:** _____ **Zip:** _____

Formerly of: _____

Birth Date: _____ **Race:** _____ **Sex:** _____ **Hispanic?** _____

Birth Place: _____, _____ **Country:** _____

Father's Name: _____ **Mother's Maiden Name:** _____

Education: Elementary/Secondary (Years): _____ College (Years): _____

Marital Status:

	To:	When:	Where:	Date of Death:
M	_____	_____	_____	_____
D	_____	_____	_____	_____
S	_____	_____	_____	_____
W	_____	_____	_____	_____

Occupation: _____ **Social Security No.:** _____

Kind of Business: _____ **Employer:** _____

Position Held: _____ **Years with Company:** _____ **Retired Since:** _____

Church, Lodge and Club Associations:

Church Membership _____

Lodges, Clubs, Activities: _____

Military Information:

Entered Service: _____ **Date:** _____

Separated from Service: _____ **Date:** _____

Grade/Rank: _____ **Branch of Service:** _____ **V.A.C. #:** _____

Organization Served With _____ **Service No.:** _____

FUNERAL SERVICE INSTRUCTIONS AND INFORMATION

Place of Service: _____

Clergy (1): _____ /of _____

Or (2): _____

Organist: _____ Vocalist: _____

Special Music or Hymns: _____

Favorite Bible Passages, Quotations, Poetry, etc: _____

Visitation/Service Requests: _____

Casket Bearers (If Available):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Flower Requests:

Memorial Donations:

CEMETERY:

Name of Cemetery: _____

Location, City _____ State: _____ County: _____

Contact: _____

Grave Description: Section: _____ Lot No.: _____ Space: _____

Marker installed? _____ Purchased from _____

Other Cemetery Merchandise and Services Pre-Purchased: _____

List any Special Clothing To be Used and Whom to Contact:

List any Jewelry To be worn and if to be removed, to whom returned:: _____

Hairdresser: _____

Special Instructions:

Participating Organizations (Fraternal/Military Rites):

Picture included: Yes _____ No _____

Other Papers to Notify: _____

Authorizations:

I have given the preceding information to be filed at Locke Funeral Home in order to avoid placing all responsibility on family and loved ones at the time of my death. I have been given a current General Price List.

Funeral Home: _____

Authorized by: _____

Date: _____