



Please provide the following information for preplanning your funeral. Once completed, fax to: 419-433-3394 or mail to: Foster Funeral Home & Crematory 410 Main St. Huron, Ohio 44839.

PREPLANNING

PERSONAL INFORMATION

Name _____

(First,MI,Last): _____

Marital Status : _____

Social Security #: _____

Date of Birth: _____

Place of Birth: _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ E-mail: _____

Spouse's Name : _____

Spouse's Maiden Name: _____

Place of Marriage: _____

Date of Marriage: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Person in Charge: _____

Address: _____

Phone: _____

Physician's Name: _____

WORK/EDUCATION HISTORY

Education (0-12): _____

College (1-5+): _____

Occupation: _____

Industry: _____

Employer: _____

Schools attended and Graduation Years _____

MILITARY RECORD

Branch of Service: _____

Serial Number: _____

Date Enlisted: _____

Rank At Discharge: _____

Date Discharged: _____

Discharge On File At: _____

Copy of Discharge Papers : yes _____ no _____

Name of Wars: _____

FUNERAL SERVICE REQUEST

Place of Service: _____

Funeral Home: _____

Length of Visitation: _____

Same Day: _____

Hours of Visitation: _____

Religious Denomination: _____

Place of Worship: _____

NEWSPAPER INFORMATION (PLEASE LIST FAMILY MEMBERS)

Spouse: _____

Parents: _____

Children: _____

Brothers/Sisters: _____

Grandchildren: _____

Great Grandchildren: _____

List any other significant relatives: _____

SPECIAL INSTRUCTIONS

Lodges, Organizations,

1. _____

Unions, and Offices held:

2. _____

3. _____

4. _____

5. _____

6. _____

Jewelry: _____

Glasses: _____

Person in Charge of Final Arrangements: _____

Clothing Preference: _____

My Own _____

Other _____

Funeral Luncheon Site: _____

DISPOSITION REQUEST

I Prefer: Earth Burial _____

Cemetery: _____

Address: _____

Phone: _____

Section: _____

Lot#: _____

Grave#: _____

If cremation, final disposition of cremated remains should be:

Burial Location: _____

Scattering Location: _____

OTHER INSTRUCTIONS: _____

MEMORIALS/DONATIONS TO CHARITY

Please select all that apply:

Send Information about pre-arrangement _____

Contact me to set an appointment _____

Please keep my information on file _____