

Flynn Funeral and Cremation Memorial Centers Preplanning Form

∞ Personal Information ∞

Name (First, MI, Last) _____

Marital Status: Never Married Married Divorced Widow/widower

Date of Birth: ____ / ____ / ____ Place of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

E-mail: _____

Spouse's Name: _____

Spouse's Maiden Name: _____

Place of Marriage: _____ Date of Marriage: ____ / ____ / ____

Father's Name: _____ Mother's Name: _____

∞ Work/Education History ∞

Education (0 -12): _____ College (1 - 5+): _____

Occupation: _____

Business: _____ Company: _____

☞ **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: _____
Person in Charge: _____
Address: _____ Phone: _____
Insurance Information: _____

☞ **Funeral Service Request** ☞

Place of Service: Funeral Home Church Cemetery
Funeral Home: _____
Address: _____ Phone: _____
Place of Visitation: _____
Religious Denomination: _____
Place of Worship: _____
Lodge/Union: _____
Person in charge of Final Arrangements: _____

🌀 **Special Instructions** 🌀

Flower Preference: _____

Music: _____

Casket Bearers:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Jewelry: _____

Glasses: _____

Clothing: _____

Other: _____

🌀 **Disposition Request** 🌀

I prefer: Earth Burial Mausoleum Cremation

Cemetery: _____

Address: _____ **Phone:** _____

Section: _____

I have made a last will and testament: Yes No

Location: _____

🔗 Other Instructions 🔗

🔗 Memorials/Donations to Charity 🔗

🔗 I would like you to:

- Send me information about pre-arrangement**
- Contact me to set an appointment**
- Keep my information on file**