

# PERSONAL FUNERAL PLANNING GUIDE

created by:



ROBERTSON

---

*Funeral and Cremation Service*

10310-300 Feldfarm Ln. Charlotte, NC 28210

(o) 704-752-7710 (f) 704-752-7709

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

[inquiries@throbertson.com](mailto:inquiries@throbertson.com)

## Why Pre-plan?

Planning your funeral is one of the most thoughtful things you can do for your family. Grief is a confusing and difficult time and planning a funeral in the midst of these emotions can be overwhelming. Your decision to complete this guide lifts some of the burden off of your friends and family. By completing the following pages, you will have a document that clearly expresses your wishes and acts as a guide for your family and funeral director.

We encourage you to share this guide with a family member or trusted friend. Keep it in a safe place let someone know where it can be located.

### A. Basic Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Type of Business/Industry: \_\_\_\_\_

Military Service: Yes  No  If yes, what branch? \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Father's Name (First, Middle, Last): \_\_\_\_\_

Mother's Name (First, Middle, Maiden, Last): \_\_\_\_\_

Place of Worship: \_\_\_\_\_

Clergy Name: \_\_\_\_\_

Upon my death, I wish to donate my organs as indicated:

No donation

Any needed organs or tissue

Only the organs or tissues listed here \_\_\_\_\_

---

**B. Choice of Funeral Home**

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

Funeral Director: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**C. Service/Disposition Information**

I do Not wish to have a service

I Do wish to have a service

Location of Service: \_\_\_\_\_

Preference of officiating clergy: \_\_\_\_\_

I wish to have a reception for friends and family as part of my service:

Location of reception \_\_\_\_\_

Timing of reception     prior to service                       following service                       reception only

*Traditional Burial*

Casket at the Funeral

Graveside Service followed by Memorial Service

Graveside Service Only

I wish to be embalmed (sometimes embalming may be necessary for a viewing)

I do not wish to be embalmed (refrigeration is required in lieu of embalming)

*Traditional Cremation*

I wish to be embalmed and placed in a rental casket for the service prior to cremation (rental caskets are typically composed of solid wood and have removable inserts which are used as cremation containers)

*Cremation with Memorial Service*

- I wish to have my cremains at the Memorial Service
- I do not wish to have my cremains at the Memorial Service

*Direct Cremation*

- I wish to have no services, only cremation.

*Anatomical Donation*

- I wish to have my body donated to medical science to the following institution.

Name of Institution \_\_\_\_\_

Contact Information \_\_\_\_\_

- I have completed the necessary paperwork required by the institution

The paperwork is located \_\_\_\_\_

Special Requests

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I wish to be buried in a traditional cemetery

- I own a burial plot at \_\_\_\_\_  
Cemetery located in \_\_\_\_\_
- I do not own a burial plot

I wish to be placed in a mausoleum at a cemetery

- I own a crypt at \_\_\_\_\_  
Cemetery located in \_\_\_\_\_
- I do not own a crypt



