

KEARNS FUNERAL SERVICE
ADVANCED PLANNING BIOGRAPHICAL RECORD

Date: _____

Email: _____

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:
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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: _____