

Funeral & Memorial Service Requests

Burial/Entombment Service: (circle) Church Funeral Home Other _____

Cemetery Name: _____ **City/State:** _____

Cremation Service: (circle) Church Funeral Home Other _____

Disposition of Ashes: _____

Visitation: (circle) Evening Before Service Day of the Service

Military/Lodge Service: _____

Minister/Celebrant: _____

Service Music: _____

Visitation Music: _____

Scripture/Readings: _____

Other Requests: _____

Floral Preferences: _____

Memorial Donations: _____

Pallbearers

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Honorary Pallbearers

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



Hansen-Spear

Planning Guide

Please bring a copy of this form to Hansen-Spear for us to keep on file. Place your copy in a safe place at home and let your family know where to find it. **Date of Planning:** _____

Basic Information (used for death certificate & obituary)

Name: (First) _____ (M) _____ (Last) _____

(Nickname) _____ (Maiden Name) _____

Address: (Street) _____

(City, State & Zip) _____ (Phone #) _____

Birthdate: _____ **Birthplace:** (City/State) _____

Father: (First) _____ (M.I.) _____ (Last) _____

Mother: (First) _____ (M.I.) _____ (Maiden) _____

Marital Status: (Circle) Married Widowed Divorced Never Married

Spouse: (First) _____ (M.I.) _____ (Maiden) _____

Marriage Date: _____ **Marriage Place:** (City/State) _____

Survives: YES / NO **If no, date of death:** _____

Please list your usual occupation during your working years. Please do not write "Retired".

Occupation: (i.e. Salesman) _____ **Industry:** (i.e. Retail Store) _____

Social Security Number: _____ **Sex:** _____ **Race:** _____

Veteran: YES / NO **Highest Level of Education:** _____

Next of Kin: (First) _____ (M.I.) _____ (Last) _____

Address: _____

Relationship: _____ (Phone #) _____

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