

Hollenbeck-Cahill Funeral Homes – Pre-Arrangement/Obituary Form

Information About the Person Completing this Form:

Full Legal Name: _____

Legal Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Phone: _____

If Pre-arranging, for whom?

Myself Spouse Life Partner Mother Father Child Friend Other Relative

Vital Information About the Person for Whom Pre-arranging or Obituary Is Being Done:

Full Legal Name: _____

Nickname: _____

Legal Address: _____

City: _____ State: _____

Mailing Address if Different: _____

City: _____ State: _____

Sex: _____ Marital Status (single, married, widowed, divorced): _____

Birth Date: _____ Birth Place: _____

Race: _____ Citizen of: _____

Hispanic Origin? Yes, No (if yes specify): _____

Formerly of: _____

If deceased and details known, please enter:

Date of Death: _____

Facility of Death: _____ (e.g., BRMC)

Phone: _____

Street: _____

City: _____

State: _____

Name of Spouse: _____

(If Wife, Maiden Name): _____

Date Married: _____ Place Married: _____

If Spouse is Deceased, Date: _____ Place of Death: _____

Mother's Maiden Name: _____

Father's Name: _____

Work and Education:

Education - 0-12, # of Years: _____ College # of Years: _____

S.S. #: _____

Occupation: _____

Employed By: _____

Location – City: _____ State: _____

Date of Retirement: _____

Military Records:

If a Veteran, Date of Service: _____

Branch of Service: _____

Rank at Discharge: _____

Discharge on File at: _____

_____ Yes, I have a copy of Discharge Papers
(VA benefits cannot be obtained until discharge paperwork is provided)

Name(s) of War(s)/Conflict(s) Toured: _____

Religious Affiliations: _____

Clubs, organizations, memberships, hobbies: _____

Honors/Awards: _____

Funeral Service Information:

Method of Disposition (Interment, Entombment, Cremation): _____

Place of Service: ___ Funeral Home ___ Church ___ Cemetery

Place of Funeral: _____

Viewing Location: ___ South Ave. ___ East Main

I Prefer the Funeral Service to be: ___ Public ___ Private

Casketed Open: ___ For Family & Friends ___ Family Only ___ No Viewing for Anyone

Viewing Hours: _____

Church Affiliation: _____

Cemetery/Crematory: _____

Funeral Services:

___ Traditional Funeral ___ Mass ___ Graveside Service ___ Memorial Service

Person(s) to Finalize Arrangements ay Time of Death if Different from Above:

Full Legal Name(s): _____

Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Phone: _____

Survivors:

Daughters: _____

Sons: _____

Parents: _____

Sisters: _____

Brothers: _____

Grandparents: _____

Grandchildren: _____

Great-grandchildren: _____

Great-great-grandchildren: _____

Memorials & Charities: _____

(Please list any memorials or donations to charity that you would like to declare.)

Other Information & Instructions: _____

(Please list any memorials or donations to charity that you would like to declare.)

Options:

____ Send information about pre-arrangement

____ Contact me to set an appointment

____ Keep my information on file

____ This is for an obituary