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New Bremen, Ohio 45869
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Pre-Planning Service Information Form

Full Legal Name: _____ Social Security Number: _____

Sex: _____ Race: _____ Hispanic Origin _____ Citizen of: _____

Address: _____

Date of Birth: _____ City & State: _____

Name of Parents (Including Mother's Maiden Name): _____

Are your Parents living? _____ High School Graduate? _____ College Graduate _____

Name of School(s) attended _____

Are you Married? _____ Date of Marriage: _____ Married Where? _____

Spouse's Full Name: _____ Now Living? _____

Children's Names and Locations: _____

Number of Grandchildren _____ Number of Great-Grandchildren _____

Siblings (& Spouses) and Locations: _____

Military Service (Rank/Dates of Service) _____

Memberships (Church, Groups, Clubs, etc.) _____

Hobbies, Interests, Favorite Activities: _____

Occupation: _____ Year Retired _____

Type of Service Desired: Traditional Funeral Services with Calling Hours / Funeral Service / Earth Burial

Graveside Services Only (No other Service / Calling Hours) Direct Cremation (No other Service / Calling Hours)

Traditional Cremation with Calling Hours / Funeral Service / Followed by Cremation

Semi-Traditional Cremation with Direct Cremation followed by Calling Hours / Memorial Service

Other: _____

Where should Services be held? _____

Where should Interment / Inurnment take place? _____

Do you own cemetery space? _____ Is there a Monument / Headstone? _____

If former Military, should Military Honors be included in the service? _____

Favorite Type(s) of Flowers for the Service: _____

Favorite Hymns or Songs for the Service: _____

Favorite Scripture Verses, Poems, etc. to be included in the Service: _____

Pall Bearers and or Casket Bearers: _____

Memorial Contributions should be directed to: _____

Additional Notes: _____
