

To Help You Prepare..

This At Need Personal Service Profile has been designed to help you write down some of the important information that will be needed at the time funeral arrangements are made.

This information will assist us in obtaining death certificates, preparing obituaries, and other vital tasks which need to be completed for a funeral ceremony.

Please take a few moments to complete this At Need Personal Service Profile as completely as possible.

Vital Statistics

Arrangements Being Made For (full name) _____

Current Address _____ Inside City Limits(Dropdown)

City _____ State _____ Zip _____ County of Residence _____

Place of Death(Facility or Address if Residence) _____ City _____ State _____ Zip _____

County of Death _____ Was death inside city limits(Dropdown) Number of years of residence at present location _____

Date of Birth _____ Place of Birth _____ Social Security # _____

Father's Name(First Middle Last) _____ Mother's Name(First Middle Maiden) _____

Current Marital Status: (dropdown) Date of Marriage _____ Place of Marriage _____

Spouse's full name(maiden also) _____ If deceased, their year of death _____

Usual or Occupation _____ Industry _____

Employer _____ Number of years _____ Year retired _____

Citizen of _____ Hispanic Origin (Dropdown) If "Yes" (Dropdown)

Education (schools and colleges and last grade completed 0-17)

Years of residence in present location (text box spanning page)

Other cities or other biographical information (text box spanning page width)

Number of Certified Copies of Death Certificates desired? _____

Military Service

Branch of Service (Dropdown) Service/Serial Number _____ Rank at discharge _____ Period(s) of service _____

Enlistment Date _____ Enlistment Place _____

Discharge Date _____ Discharge Place _____ Discharge on file at _____

Organizations and Interests

Religious affiliation _____ Place of Worship _____

Organizations, Clubs and offices held (text box spanning page width)

Hobbies or interests(text box spanning page width)

Family Information

Immediate Survivors (Names & Locations also include spouses) (text box spanning page width)

Preceded in death by (text box spanning page width)

Service Information

Type of Funeral Ceremony (Dropdown) Place of funeral or memorial Ceremony _____

Name of Clergy or Officiant _____ Church or Afiliation _____

Would you like a public visitation? (Dropdown) Would you like family to greet friends the night before services? (Dropdown)

Special visitation requests _____

Casket Bearers: (text box spanning page width)

Honorary Casket Bearers: (text box spanning page width)

Musical Selections Desired: (text box spanning page width)

Soloist (optional) _____ Organist and/or Pianist (optional) _____

Memorial Contributions _____

Other Instructions

Other Special Requests you would like OR not like for a service: (text box spanning page width)

Final Disposition

Method of Disposition (Dropdown) Place of Final Disposition _____ City _____ State _____

Grave Description (If Known):

Lot _____ Block _____ Section _____ Space # _____

If your service plans include cremation, will the ashes be: (dropdown) Scattered, Buried, remain with family Where? _____

Will your service plans include donation to a medical facility? (dropdown)

If yes, the location of the signed body deed: _____

Which medical facility is donation being made to (Dropdown) University of Iowa or Des Moines University

Have you made any arrangements for organ donation? (Dropdown)