

To Help You Prepare..

This Advanced Planning 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 Advanced Planning 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_____ Telephone_____

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 (school, colleges and last grade completed 0-17) (text box spanning page width)

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

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

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 _____

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)

Signed _____ Date _____

(By signing and dating this form you are confirming that this information is correct and that you did actually give this information)