



PRE-PLANNING WORKSHEET

This pre-planning worksheet is designed to help you, your family, and our directors identify your funeral preferences. It will also ensure vital information is accurate and accessible at the time of a death. If you have any questions or need our assistance, please call. Our staff is available to assist you.



PERSONAL STATISTICS

Full Name:

First	Middle	Last
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Address:

Street	City	State	Zip
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Home phone	Cell phone	Resident since
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Email address

Place of Birth:

City	Country	State	Zip	Citizen of
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Date of birth	Social security number	Race/national origin
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Marital Status:

Married Widowed Divorced Never Married

Spouse's Name (Maiden)	Place of birth/year	Spouse's social security number
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Personal Information:

Religious Affiliation:	Denomination	Church
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Education: High School	College	Professional School
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Occupation: Profession	Employer	Retired (year)
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Military Service: Branch	Rank	Date of Enlistment
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Date of Discharge	Location of Discharge Papers	Serial Number
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Hobbies or Special Interests

FAMILY INFORMATION

Name of Father

Name of Mother (include maiden name)

Names of Siblings

Names of Siblings

Children/Grandchildren: (if more space needed, please attach an additional sheet)

Name	Address	City	State	Zip	Phone
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Name	Address	City	State	Zip	Phone
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Name	Address	City	State	Zip	Phone
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Name	Address	City	State	Zip	Phone
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FINANCIAL INFORMATION: (This information is not needed by the funeral home, but may be helpful to your family at the time of a funeral.)

Will:

Location of Will

Name & Contact of Executor of Will

Name & Contact of Attorney

Name & Contact of Accountant

Name & Contact of Financial Advisor

Insurance:

Insurance Advisor	Company	Policy Number
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Address	Phone
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Insurance Advisor	Company	Policy Number
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Address	Phone
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Insurance Advisor	Company	Policy Number
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Address	Phone
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HEALTHCARE INFORMATION

Doctor's Contact Information

Physician

Address

Phone Number

Physician

Address

Phone Number

FUNERAL ESSENTIALS

WISHES:

I wish to be buried: Yes No

Cemetery plot owned: Yes No

Cemetery Info

Location of Deed

I wish to be cremated: Yes No

Further Instructions: _____

Location of Pre-Arrangement contract

Location Preferred for Service:

Funeral Home

Church

Graveside

Other

Religious Services:

Church

Name & Contact of Officiating Clergy

These are the basic funeral considerations.

To learn more about funeral planning, please contact us at 412-881-4100 or email us at information@johnfslater.com

There is no cost to create a plan and put your wishes in writing. We will retain your plan on file for your loved ones at a time of need.

Fraternal Services:

Name of Fraternal Service:

Name and Contact:

Other information that you would like to be known at the time of a funeral:

(This could include favorite hymns, readings, bible passages, songs, flowers, donation suggestions, etc.)

Newspaper information

Signature

Date

Please remember that no matter how you record your funeral wishes, you need to inform your next of kin where the information is stored. Please do not put funeral plans in a safe deposit box!

 **JOHN F. SLATER
FUNERAL HOME, INC.**
Funerals • Cremations • Life Celebrations

Our wish is to respect yours...[®]

For more information, please contact us.

4201 Brownsville Road
Pittsburgh, PA 15227

412-881-4100 • Fax 412-881-4055
www.johnfslater.com • John F. Slater, Supervisor