

**Pre-Planning Form**  
**Elwood Funeral Home**  
Elwood, NE (308) 785-2514

First and Last name of person filling out this form: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your email: \_\_\_\_\_

Who I am planning for: \_\_\_\_\_

Personal Information

Full Name: (First Middle Last): \_\_\_\_\_

Gender (m/f): \_\_\_\_\_

Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Maiden Name: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Current surviving family (information will be updated at the time of death):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preceded in death by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Employment & Education History**

Highest Education Level: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_

Number of years employed by above: \_\_\_\_\_

When Retired: \_\_\_\_\_

## Military Service

Service Branch: \_\_\_\_\_

Date Enlisted: \_\_\_\_\_

Date Discharged: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Discharge on file at: \_\_\_\_\_

Location of my discharge records: \_\_\_\_\_

Name of any wars served in: \_\_\_\_\_

## Funeral Preferences

I prefer my funeral service to be (public or private): \_\_\_\_\_

Place of service (e.g. Church, Funeral Chapel, etc.): \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Place of Worship: \_\_\_\_\_

Worship Leader Name: \_\_\_\_\_

Casket Bearers (6):

_____	_____
_____	_____
_____	_____

## Memorialization Instructions

Musical Selection to be played: \_\_\_\_\_

\_\_\_\_\_

Musical Selections to be sung: \_\_\_\_\_

\_\_\_\_\_

Favorite Bible Passages: \_\_\_\_\_

Favorite Literature or Poems: \_\_\_\_\_

Favorite Flower(s): \_\_\_\_\_

Favorite Flower Color: \_\_\_\_\_

Please list any memorials or donations to charity that you would like:

\_\_\_\_\_

## Final Disposition

Preference for final disposition is (circle one):    Ground interment with burial vault

Ground interment with concrete liner

Mausoleum

Cremation with burial

Cremation with home memorialization

Cremation with scattering

Preference of cemetery: \_\_\_\_\_

Address of cemetery: \_\_\_\_\_

Is cemetery plot owned at the above location (circle one): Yes No

Special Instructions:

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### **Person to Finalize Arrangement at Time of Death**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_