
Leavitt's Mortuary & Aultorest Memorial Park

Memorial Pre-Planning Guide: Below are detailed suggestions to guide you in making final arrangements, together with vital information that will be required to complete the necessary legal documents.

VITAL STATISTICS

This Plan is for: Myself Spouse Parent Child Sibling
 Relative Friend

Name: First: _____ Middle: _____ Last: _____

Gender: Male Female

Military Service: No Yes **Military Rites:** No Yes **Military Branch:** _____

Preferred Method of Contact: Email Phone

Email: _____

Phone: Daytime: _____ Evening: _____ Cell: _____

BIOGRAPHICAL INFORMATION

Birth Information: Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Residence: Address: _____ City: _____

State: _____ Zip: _____ County: _____

Married: No Yes Name of Spouse: _____

Date of Marriage: _____ Place of Marriage: _____

EDUCATION / WORK

High School Name: _____ Location: _____

Highest Level of Education: _____

Company (work): _____ Industry: _____

Years at Company: _____ Retired: Yes No

OBITUARY INFORMATION

Hobbies/Special Interests: _____

Organizations: _____

Extracurricular Activities: _____

Church: _____

FAMILY INFORMATION

Father: Name: _____

Place of Birth: _____ Living Deceased

Mother: Name: _____

Place of Birth: _____ Living Deceased

Siblings Living: Name(s): _____

Siblings Deceased: Name(s): _____

Children Living: Name(s): _____

Children Deceased: Name(s): _____

Grand Children Living: Name(s): _____

Grand Children Deceased: Name(s): _____

Great Grand Children Living: Name(s): _____

Great Grand Children Deceased: Name(s): _____

Other: Name(s): _____

GENERAL DISPOSITION INFORMATION

Do you plan to include cremation? Yes No

Final Disposition: Cremation Burial Entombment Anatomical Donation

Location: Address: _____ City: _____

State: _____ Zip: _____

Plot/Crypt/Niche Location: _____

Special Instructions: _____

Clothing Instructions: _____

Mausoleum: _____

VISITATION/SERVICE INFORMATION

Visitation Options: Visitation at Funeral Home Visitation at another Facility No Visitation

Visitation(s) will be for: Friends and Family Family Only

Service Options: Funeral service with committal following Memorial service in our facility
 Memorial service in other facility Graveside service only
 Interstate arrangements (ship out) International arrangements (ship out)
 No services

Service Type: Public Private

Service Leader: _____

VISITATION/SERVICE INFORMATION *(Continued)*

Service Location: Our Facility Another Facility: _____

Music Selections: _____ Played Sung Performed
_____ Played Sung Performed
_____ Played Sung Performed
_____ Played Sung Performed
_____ Played Sung Performed

Readings: _____

Flowers: Type: _____
Colors: _____

Graveside / Committal Service: Yes No

FOLLOW-UP INFORMATION

Send pre-arrangement info? Yes No

Contact me for an appointment? Yes No

Keep my information on file? Yes No