PREARRANGEMENT INFORMATION FORM (Page 1)

Please return to:

Redlin Funeral Home, Inc.

401 Madison Avenue, Baraboo, WI 53913 Phone: (608) 356-6571 Fax: (608) 356-4503

DEATH CERTIFICATE INFORMATION

Name:					
Name: First Name	Middle Name		Last	Name	
Social Security #:	Date of	Birth:	- NA (1) =		
Place of Birth:	_		Month, Da	y, Year	
Place of Birth:City	Coun	ty	State		
Marital Status: (Check One _) Married _			Divord	ed	
Residence:					
Stree	et (Che	eck One _) City _	Village _	Township	
County		State		Zip Code	
Father's Name: First Name	Middle	Middle Name		Last Name	
Mother's Name:		Wilder Name Last Name			
First Name		Middle Name Maiden Name		en Name	
Race: White, Black, Native American, Etc	(Years Completed	d) Elementary 0		College 1 – 5+	
Occupation:					
Kind of Business/Industry: Description of what employer does (Exam Military Service: (Check One _) Yes		Service:			
			(Army, Navy, A	Air Force, Marines)	
Spouse:	Middle Name		Last	Name	
Date of Marriage:		_			
Mont Place of Marriage:	th, Day, Year				
City	State	Name	of Church or O	ther Location	
If Widowed – Date of Spouse's Death					
Next of Kin:	Month, [Day, Year			
First Name	Middle Name		La	st Name	
Relationship:	Phone N	lumber:	/Di:		
(Examples: Husband, Wife, Son Address:	i, Daugnter, etc)		(Please inci	ude area code)	
Street	\	Dhana	City		
State	Zip Code	Phone:			
Method of Disposition: (Check One _) B	urial Cremation			_ Donation	
Place of Disposition:					
Location:	Name of Cemeter	ry, Crematory or C	Other		
Location:(Check One) City Village Townsh	hip Cou	ntv	_,	State	

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OBITUARY (PERSONAL HISTORY) INFORMATION FOR: Name: _____ _____ Middle Name First Name Newspapers and Radio Stations: ______ Education: ____ (Schools Attended, Degrees Received) Employment: _____ Organizations and Church Affiliations: ______ Hobbies: _____ Survivors: _____ of ____ Spouse: City and State Name _____ of ____ Children: _____ Name (and Spouses) City and State of of of ____ of ____ of of _____ Grandchildren: Number _____ Great-Grandchildren: Number _____ If names of grandchildren (and spouses) or great-grandchildren are desired, please list on bottom of page 4 and check here. _____ of _____ Parents: Brothers (and Spouses) of of _____ of ____ _____ of ____ Sisters (and Spouses) of of Other Relatives or Friends ______ of _____ Preceded in death by: Name and Relationship

PREARRANGEMENT INFORMATION FORM (Page 3)

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FUNERAL OR MEMORIAL SERVICE INFORMATION FOR: Name: _____ Middle Name First Name Last Name Cemetery Lot Information: _____ Lot # Section # Block # Headstone in Place: (Check One _) Yes No Engraving: Date of Death Exactly As It Is To Appear Monument Company Desired: Name and Location of Company Florist: ______ Name and Location of Company _____ Clergy: ____ Name of Church and Location Name Organist: _____ Soloist: ____ Name Songs/Hymns: 1. ______ 2. ______ 3. ______4. _____ Pallbearers: 1. ______ Phone: _____ 2. Phone: 3. ______ Phone:_____ 4. _____ Phone: _____ 5. Phone: _____ Phone: Alternate or Additional Pallbearers: Phone: Phone: Phone: Honorary Pallbearers: _____ Phone: _____ ______ Phone: _____ Luncheon: _____ Number Attending: _____ Location Military Rites: (Check One _) Yes ____ No ___ Memorial Folders: _____

Certified Copies of Death Certificate

For such things as Funeral Trusts, Life Insurance, Bank Accounts, etc...)

Number Needed

PREARRANGEMENT INFORMATION FORM (Page 4)

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FUNERAL OR MEMORIAL SERVICE INFORMATION continued FOR:

Mid	dle Name		t Name
Mid	aic ivaine	Las	rivanic
rom::	to	<u>:</u>	
Time	A.M. or P.M.	Time	A.M. or P.M.
Name of			
om::	to	<u> </u>	
Time	A.M. or P.M.	Time	A.M. or P.M.
		d City	
<u> </u>	<u> </u>		
Time	A.M. or P.M.		
Name of	Church or Funeral Home and	d City	
FROM PAGE 2			
FROM PAGE 2			
FROM PAGE 2	(DF	
NAME	(
NAME			
	Name of	Name of Church or Funeral Home and Tom	Name of Church or Funeral Home and City Tom to: Time A.M. or P.M. Time Name of Church or Funeral Home and City