

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: First Name Middle Name Last Name

Social Security #: Date of Birth: Month, Day, Year

Place of Birth: City County State

Marital Status: (Check One) Married Never Married Widowed Divorced

Residence: Street (Check One) City Village Township County State Zip Code

Father's Name: First Name Middle Name Last Name

Mother's Name: First Name Middle Name Maiden Name

Race: White, Black, Native American, Etc... Education: (Years Completed) Elementary 0 - 12 College 1 - 5+

Occupation: Job Title

Kind of Business/Industry: Description of what employer does (Examples: Food can manufacturer, dairy farm, wholesale food distributor, etc...)

Military Service: (Check One) Yes No Branch of Service: (Army, Navy, Air Force, Marines)

Spouse: First Name Middle Name Last Name

Date of Marriage: Month, Day, Year

Place of Marriage: City State Name of Church or Other Location

If Widowed - Date of Spouse's Death: Month, Day, Year

Next of Kin: First Name Middle Name Last Name

Relationship: (Examples: Husband, Wife, Son, Daughter, etc...) Phone Number: (Please include area code)

Address: Street City

State Zip Code Work Phone:

Method of Disposition: (Check One) Burial Cremation Entombment Donation

Place of Disposition: Name of Cemetery, Crematory or Other

Location: (Check One) City Village Township County State

PREARRANGEMENT INFORMATION FORM (Page 3)

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FUNERAL OR MEMORIAL SERVICE INFORMATION FOR:

Name: _____
First Name Middle Name Last Name

Cemetery Lot Information: _____
Grave # 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

Church: _____ Clergy: _____
Name of Church and Location Name

Organist: _____ Soloist: _____
Name Name

Songs/Hymns: 1. _____ 2. _____
3. _____ 4. _____

Pallbearers: 1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____
4. _____ Phone: _____
5. _____ Phone: _____
6. _____ Phone: _____

Alternate or Additional Pallbearers:
_____ Phone: _____
_____ Phone: _____
_____ Phone: _____

Honorary Pallbearers: _____ Phone: _____
_____ Phone: _____

Luncheon: _____ Number Attending: _____
Location

Military Rites: (Check One) Yes No Memorial Folders: _____
Number Needed

Certified Copies of Death Certificate _____
For such things as Funeral Trusts, Life Insurance, Bank Accounts, etc...) Number Needed

