



HUGHES
FUNERAL HOME
AND CREMATORY

Information for the person the plan is for:

Name:

First: _____ Middle: _____ Last: _____

Phone: _____

Email: _____

Address:

Street: _____ City: _____ State: ___ Zip: _____

Family Information:

Marital Status:

- Married
Single
Widowed

Name of Spouse:

First: _____ Middle: _____ Last: _____

Spouse Maiden Name: _____

If deceased, date of death: _____

Father's Name:

First: _____ Middle: _____ Last: _____

Father's birth place _____

Mother's Name:

First: _____ Middle: _____ Last: _____

Mother's birth place _____

Siblings (Living): _____

Siblings (Deceased): _____

Children (Living): _____

Children (Deceased): _____

Grandchildren (Living): _____

Grandchildren (Deceased): _____

Great-Grandchildren (Living): _____

Great-Grandchildren (Deceased): _____

Education / Work:

Highest Level of Education: _____

Occupation: _____ Industry: _____

Military Service:

Military Service: Yes No

Branch of Service: _____

Years served: _____

(Funeral Home will need to have a copy of the discharge or separation papers form DD-214.)

Funeral Plans:

Burial or Cremation?

- Burial
- Cremation

Funeral Options:

- Funeral Service at funeral home: _____
- Funeral Service at: _____
- I do not wish to have a funeral service

Disposition Options:

- Ground Interment (burial)
- Mausoleum Entombment (above ground burial)
- Columbarium (for cremation urns)
- Ashes returned to family

Please list any musical selections you would like in your services:

Please list any poems, religious texts, or readings you would like read:

Please list any interests or hobbies you would like to include:

Please list any special themes you would like to include into your service:

Is there a special story, personal thank you, or message of hope you would like to be read during your services?
