

EVANS FUNERAL HOME
“*Compassionate Funeral Service*”

www.EvansFuneralHomeND.com

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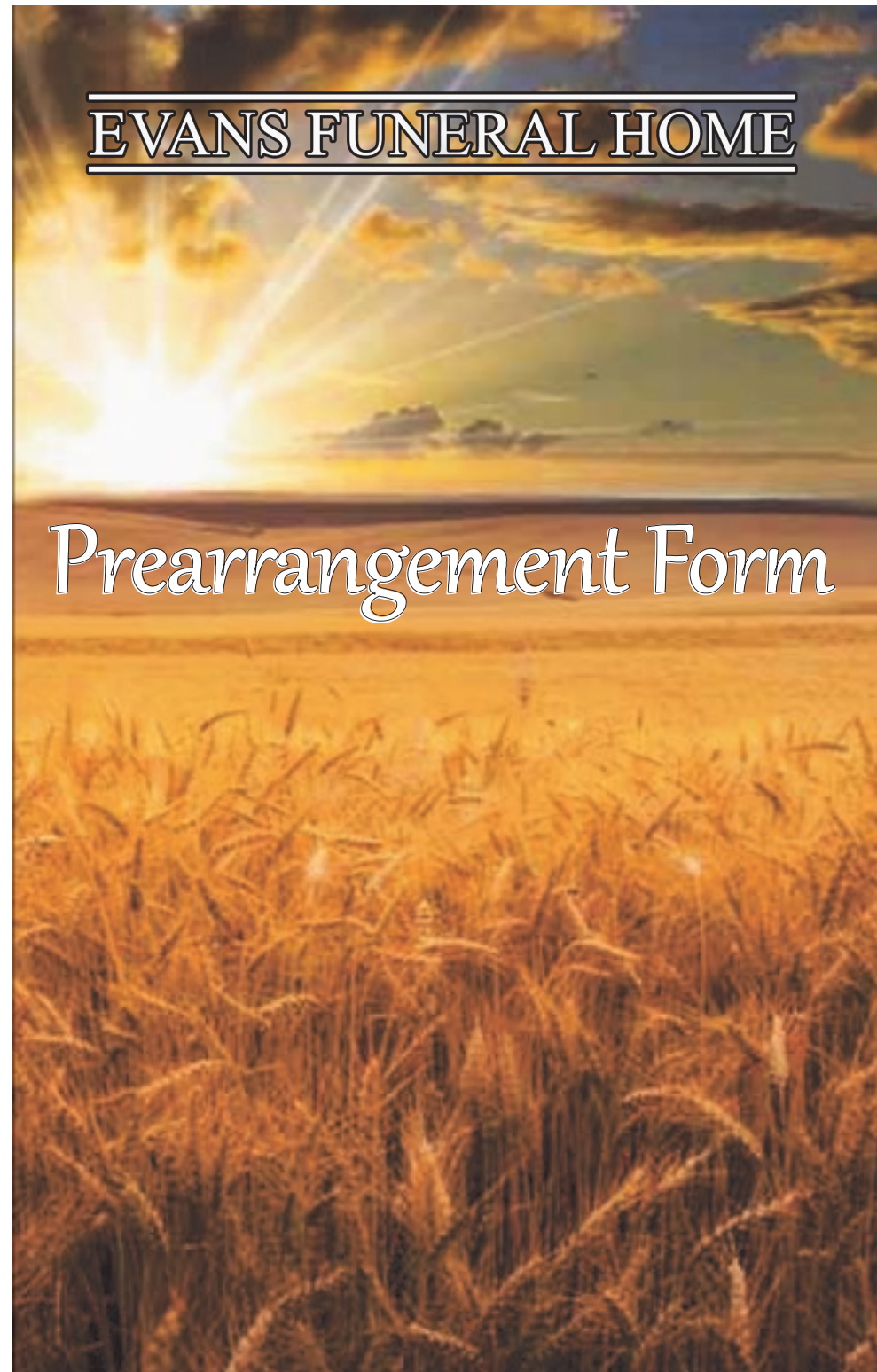
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My Prearrangements

I have taken the time to record my vital statistics, my thoughts and wishes concerning my funeral, and I have discussed the current cost of providing those services with a Funeral Director at Evans Funeral Home.

Signed: _____

Date: _____



A Positive, Thoughtful Plan of Action

Taken For Those You Will Someday Leave behind

For too many years, death has been one of our society's most difficult subjects to discuss. Our reluctance to discuss death has resulted in a serious lack of understanding of the many practical and emotional difficulties that arise when a death occurs.

In recent years, this fear has lessened somewhat. Today, there is a willingness to confront death in a realistic manner. The pre-arranging and pre-funding of funerals with Evans Funeral Home is a common activity. Most importantly, people are sitting down with their families and discussing the practical concerns of a death in the family.

This guide has been designed to help you make your own final arrangements. It will aid you in making these important decisions and give you the opportunity to leave written instructions for your family and your Funeral Director and avoid emotional stress at the time of need.

Upon completion of this prearrangement form, please return it to Evans Funeral Home. We will copy it and begin a confidential file on your behalf. The original form will be returned to you.

The Funeral Service

The following is an expression of my wishes to guide you in arranging the funeral services. I prefer a...

- Traditional Funeral Service followed by an Earth Burial
- Traditional Funeral Service followed by Cremation
- Cremation followed by Funeral Service

Place of Service: _____

Suggested Clergy: _____

Funeral Hymns & Solos: _____

Casket Bearers: _____

Special Requests: _____

I hereby direct the following disposition be made of my remains

Earth Burial

Name of Cemetery: _____

City of Cemetery: _____

Plot Owned by: _____

Cremation

Type of Urn: _____ Urn Vault: _____

Headstone

Has there been one purchased: _____

Will need full dates (Ex. Mar. 21, 1925 - Jul. 21, 2014)

Will need year dates (Ex. 1925 - 2014)

Would you like more information from Evans Funeral Home about headstones? If yes, please contact us.

My phone: _____

My e-mail: _____

Obituary Details

Organizations

(church membership, service clubs, community affiliations):

Hobbies:

Family Activities or Special Family Functions:

I Want My Family to Remember Me For

A Message to My Family & Friends

To My Loved Ones

It has been my wish to spare you worry and anxiety in the event of my death. Throughout this plan I have been able to suggest many arrangements in advance of need. While I have made these suggestions, I also acknowledge the value of those close to me making decisions regarding my final arrangements. Therefore, please use the enclosed suggestions as merely a guideline for the funeral service. I have included financial details, vital statistics and other information which may be of help to you.

I Have

I Have Not

Elected to provide funds that will help defray cost of my wishes by purchasing a Funeral Insurance Policy*, a Certificate of Deposit or setting up a POD account.

Insurance Company:

Insurance Policy Number:

Certificate of Deposit Number:

Financial Institution:

POD Account Number:

Financial Institution:

*Funeral Insurance Policies may be purchased with Evans Funeral Home.

Vital Statistics

Name:

Social Security Number:

Address:

County:

State:

Date of Birth:

Birthplace:

Father's Name:

Mother's Name (Maiden Name) :

Ancestry:

Name of Spouse (Maiden Name) :

Marriage Date:

Place:

Furthest Level of Education:

Graduated from and when:

Occupation Throughout life:

Veteran's Discharge paper (DD214) Provide Copy

You may choose to enclose a photograph of yourself for obituary purposes.

Survivors

Surviving Spouse:

Children, their spouses and current City and State:

Number of Grandchildren and Great-Grandchildren

Brother(s) / sister(s), their spouses and City and State:

Preceded in death :

Name of person most likely to serve as your representative:

Phone:

Address:

Email: