	leed Funeral Planning Form re Future Insurance Solutions	
Perso	onal Information:	
•	Full Name:	_
•	Date of Birth:	
•	Email Address:	
•	Phone Number:	
•	Address:	
(City,	State, ZIP)	
Funer	ral Preferences:	
1.	Type of Funeral Service:	
	o Traditional Funeral: ☐ Yes ☐ No	
	Memorial Service: □ Yes □ No	
	<ul><li>o Cremation: ☐ Yes ☐ No</li></ul>	
	o Other:	
2.	Viewing Preference:	
	o Yes, I want a viewing: □ Yes	
	<ul><li>No viewing: □ No</li></ul>	
3.	Preferred Location for Funeral Service:	
	o Funeral Home:	
	o Church/Religious Place:	
	o Other:	
Buria	l or Cremation Preferences:	
4.	Final Resting Place:	
	<ul><li>o Traditional Burial: ☐ Yes ☐ No</li></ul>	
	<ul><li>o Cremation: ☐ Yes ☐ No</li></ul>	
	o Other (e.g., Mausoleum, Scattering, etc.):	
5.	If Burial, Preferred Cemetery:	
•	O Brack and Double of Division Ashara	
6.	If Cremation, Preferred Resting Place for Ashes:	
	Scattering Location:	
	Columbarium/Niche:	
	o Family Burial Plot:	
	o Other:	
Speci	ial Requests:	
-	Religious or Cultural Preferences:	
- •	3	

Executor/Next of Kin Name:     Phone Number:     Email Address:  Signature:  By submitting this form, I acknowledge that my preferences will guide my pre-need funeral planning.  Signature:	0	
<ul> <li>□ I have already pre-paid for my funeral services.</li> <li>□ I plan to use funeral insurance for payment.</li> <li>□ I prefer a payment plan.</li> <li>Contact for details:</li></ul>	-	
□ I plan to use funeral insurance for payment.     □ I prefer a payment plan.     Contact for details:  Additional Information:     • Executor/Next of Kin Name:     • Phone Number:     • Email Address:  Signature:  By submitting this form, I acknowledge that my preferences will guide my pre-need funeral planning.  Signature:	10. <b>Pre-F</b>	Payment Options:
<ul> <li>□ I prefer a payment plan.         Contact for details:</li></ul>	0	$\square$ I have already pre-paid for my funeral services.
Additional Information:  • Executor/Next of Kin Name:  • Phone Number:  • Email Address:  Signature:  By submitting this form, I acknowledge that my preferences will guide my pre-need funeral planning.  Signature:  Signature:	0	$\square$ I plan to use funeral insurance for payment.
Additional Information:  • Executor/Next of Kin Name:  • Phone Number:  • Email Address:  Signature:  By submitting this form, I acknowledge that my preferences will guide my pre-need funeral planning.  Signature:	0	$\square$ I prefer a payment plan.
Phone Number: Email Address:  Signature: By submitting this form, I acknowledge that my preferences will guide my pre-need funeral planning.  Signature:  Signature:		Contact for details:
Phone Number: Email Address: Signature: By submitting this form, I acknowledge that my preferences will guide my pre-need funeral planning. Signature: Signature:		
Email Address:  Signature: By submitting this form, I acknowledge that my preferences will guide my pre-need funeral planning.  Signature:	Additional I	nformation:
Signature: By submitting this form, I acknowledge that my preferences will guide my pre-need funeral planning. Signature:		
By submitting this form, I acknowledge that my preferences will guide my pre-need funeral planning.  Signature:	• Exec	utor/Next of Kin Name:
By submitting this form, I acknowledge that my preferences will guide my pre-need funeral planning.  Signature:	<ul><li>Exec</li><li>Phon</li></ul>	utor/Next of Kin Name:e Number:
planning.  Signature:	<ul><li>Exec</li><li>Phon</li><li>Email</li></ul>	utor/Next of Kin Name:e Number:
Signature: Date:	<ul><li>Exec</li><li>Phon</li><li>Emai</li></ul> Signature:	utor/Next of Kin Name: le Number: l Address:
	<ul><li>Exec</li><li>Phon</li><li>Emai</li></ul> Signature: By submittir	utor/Next of Kin Name: le Number: l Address:
	<ul> <li>Exec</li> <li>Phon</li> <li>Emai</li> </ul> Signature: By submittir planning.	utor/Next of Kin Name: le Number: l Address:  Ing this form, I acknowledge that my preferences will guide my pre-need funeral