
Pre-Need Funeral Planning Form
Secure Future Insurance Solutions

Personal Information:

- **Full Name:** _____
- **Date of Birth:** _____
- **Email Address:** _____
- **Phone Number:** _____
- **Address:** _____

(City, State, ZIP)

Funeral Preferences:

1. Type of Funeral Service:

- Traditional Funeral: ☐ Yes ☐ No
- Memorial Service: ☐ Yes ☐ No
- Cremation: ☐ Yes ☐ No
- Other: _____

2. Viewing Preference:

- Yes, I want a viewing: ☐ Yes
- No viewing: ☐ No

3. Preferred Location for Funeral Service:

- Funeral Home: _____
- Church/Religious Place: _____
- Other: _____

Burial or Cremation Preferences:

4. Final Resting Place:

- Traditional Burial: ☐ Yes ☐ No
- Cremation: ☐ Yes ☐ No
- Other (e.g., Mausoleum, Scattering, etc.): _____

5. If Burial, Preferred Cemetery:

○ _____

6. If Cremation, Preferred Resting Place for Ashes:

- Scattering Location: _____
- Columbarium/Niche: _____
- Family Burial Plot: _____
- Other: _____

Special Requests:

7. Religious or Cultural Preferences:

○ _____

8. Preferred Eulogist or Officiant:

○ _____

9. Music, Readings, or Other Personalization Requests:

○ _____

Payment and Financial Details:

10. Pre-Payment Options:

- ☐ I have already pre-paid for my funeral services.
- ☐ 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: _____

Date: _____
