

# Serenity Transit Care

## Pre-Planning Form

### 1. Personal Information

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Place of Birth (City, State): \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Other

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

### 2. Contact Information

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. Emergency Contact / Next of Kin

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

### 4. Legal & Medical Information

Do you have a Living Will or Advance Directive? ☐ Yes ☐ No

Healthcare Proxy or POA Name: \_\_\_\_\_

Primary Physician Name & Contact: \_\_\_\_\_

Do you have Funeral/Burial Insurance? ☐ Yes ☐ No

If yes, Insurance Provider Name: \_\_\_\_\_

### 5. Preferred Funeral Home or Crematory

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### 6. Service & Disposition Preferences

*NOTE: Serenity Transit Care does not retain completed pre-planning forms. Please store your form securely and share it with a trusted contact or family member. Visit us at <https://serenitytransitcare.com>*

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Preferred Disposition: ☐ Burial ☐ Cremation ☐ Donation ☐ Other: \_\_\_\_\_

If Burial:

- Cemetery Name: \_\_\_\_\_

- Plot Info: \_\_\_\_\_

If Cremation:

- Ashes to be: ☐ Kept ☐ Scattered ☐ Buried ☐ Other: \_\_\_\_\_

Cultural or Religious Requests: \_\_\_\_\_

Clothing or Personal Items: \_\_\_\_\_

Special Notes: \_\_\_\_\_

## 7. Removal & Transport Instructions

Preferred Location for Removal: \_\_\_\_\_

After-Hours Contact Instructions: \_\_\_\_\_

Special Circumstances: \_\_\_\_\_

## 8. Notification Preferences

Name: \_\_\_\_\_ | Phone: \_\_\_\_\_

Name: \_\_\_\_\_ | Phone: \_\_\_\_\_

## 9. Authorization & Signature

By signing below, I acknowledge that I am voluntarily providing my preferences for pre-planning purposes. Serenity Transit Care does not retain this form. I understand I am responsible for keeping this document in a safe place and sharing it with my family or representative.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## *Pre-Planning Form*

### **Instructions**

Please keep a copy of this form in a secure location and provide one to your next of kin, trusted contact, or funeral home of choice. Serenity Transit Care does not store completed forms.

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