



Pre-Planning Form

910 67th Avenue North, Myrtle Beach, SC 29577

Phone: 843-449-3396 Fax: 843-449-3398

Required Information

Today's Date: _____

I am planning for Your First Name: _____

Your Middle Name: _____ Your Last Name: _____

Your Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone: _____ E-Mail: _____

Loved Ones Information

Full Name: _____

Home Address: _____

State/Province: _____ Zip/Postal Code: _____

SS #: _____ Home Phone: _____

Date of Birth: _____ Cell Phone: _____

Place of Birth (city/state): _____

Gender Male Female Marital Status:

Spouse Name: _____ Spouse's Maiden Name: _____

Organizations / Memberships (List):

Parents:

Father Name & Birth Place

Mother Name, (Maiden Name) & Birth Place

Work and Education:

Education:

Usual Occupation (most of life):

Kind of Business:

Company:

Survivors Information

Person in charge (Name, Address, Phone # Hm/Cell)

Daughters/Sons and Spouse if Any

Name	Relationship	City / Town / State

Brothers / Sisters and Spouse

Name	Relationship	City / Town / State

Additional Survivors

Name	Relationship	City / Town / State

Grandchildren #

Great-Grandchildren #

Great-Great-Grandchildren #

Veteran Information

Branch of Service

Service No.

Name of War

Place Enlisted

Date

Place Discharged

Date

Rank/Rate at Discharge

Location of Discharge Papers

***Must Include Copy of Discharge**

Funeral Service Information:

Place of Service:

Viewing for Family: Yes Let Family Decide

Name of Funeral Home: _____

Viewing for Friends: Yes Let Family Decide

Address: _____

Religious Denomination: _____

Phone: _____

Place of Worship: _____

Place of Visitation:

Lodge / Union: _____

I Prefer the Funeral Service To Be:

What type of body preparation would you prefer?

What type of Final Disposition do you prefer?

- Traditional Preparation (embalming, etc)
- Traditional Preparation first, then Cremation after the Service and/or Celebration
- Cremation Only

- Ground Interment (casket or urn)
- Mausoleum Entombment (above ground–casket or urn)
- Ashes to be scattered or divided between family
- For cremation, some or all of the above

Other Information & Instructions:

Please list any other instruction or information you would like us to have:

Memorials & Charities:

Please list any memorials or donations to charity that you would like to declare:

Additional Instructions:

- I would like to go ahead and select my casket and vault.
- or I would like to go ahead and select my cremation container and urn.

- I would like to go ahead and fund my arrangements to relieve my family of that burden.
- I am interested in knowing more about your payment options. (3 year, 5 year or 10 year pay plan)
- Please have one of your Advance Planning Counselors call me.

(If above selected please provide phone number and best time to contact in box below.)