



REICHEL FUNERAL HOME
Northampton, PA 18067
610.261.0440

Funeral Pre-Planning Questionnaire

* PERSONS TO BE NOTIFIED

Name _____
 Address _____
 Phone _____

Name _____
 Address _____
 Phone _____

Name _____
 Address _____
 Phone _____

Name _____
 Address _____
 Phone _____

Name _____
 Address _____
 Phone _____

Name _____
 Address _____
 Phone _____

* CONTACTS FOR LEGAL MATTERS

Person Responsible for Funeral Arrangements

Name _____
 Phone _____
 Address _____
 City _____ State _____
 Zip _____

* ATTORNEY

Name _____
 Firm _____
 Phone _____
 Address _____
 City _____ State _____
 Zip _____

* EXECUTOR OF ESTATE

Name _____
 Phone _____
 Address _____
 City _____ State _____
 Zip _____

* OBITUARY

Newspaper(s) _____
 Other _____

Date Prepared _____

* PERSONAL INFORMATION

Name: Last _____
 First _____ M _____
 Suffix _____ Sex _____ Social Security No. _____
 Citizenship (Country) _____
 Ancestry _____
 Ethnic Group//Race _____
 Religion _____

* RESIDENCE

Address _____ Apt./Unit# _____
 Residential Facility Name _____
 City _____ State _____
 Country _____ Zip _____
 Country _____

* BIRTH INFORMATION

DOB _____ City _____
 County _____ State _____
 Country _____

* EMERGENCY CONTACT

Person to Contact _____
 Phone _____
 Physician _____
 Phone _____

*** IDENTIFY WHERE THE FOLLOWING DOCUMENTS ARE LOCATED**

Will _____

Birth Certificate _____

Marriage License _____

Social Security Card _____

Citizenship papers, if appropriate _____

Military Discharge Papers _____

Life & Other insurance Papers _____

Deeds and Titles to Property (home, autos, etc.) _____

Bank Account Passbooks _____

Income Tax Returns _____

Certificates of Ownership of Burial Property _____

Bills to be paid and other Financial Information _____

Location of Safe Deposit Box _____

Financial Institution _____

Phone _____

Address _____

City _____ State _____

Zip _____

METHOD OF FINAL DISPOSITION

* Choose method of final disposition

Whole body burial of entombment

Cremation

Specify disposition of ashes:

Burial of entombment at cemetery

Scattering at Cemetery

Deliver to survivors

Other _____

Donation to medical science

Recipient organization, if one has been selected

Organization _____

Address _____

City/State/Zip _____

Telephone _____

Other _____

Specify (e.g., burial at sea, scatter in outer space, etc)

Also specify the Service Provider, if one is selected

Organization _____

Address _____

City/State/Zip _____

Telephone _____

FUNERAL SERVICE PLAN

Choose a type of Funeral Service Plan

Traditional
(Includes a visitation and a funeral service in which the deceased is present in an open or closed casket)

Memorial
(Includes one or more services without the presence of the deceased)

Graveside
(Includes one service held at the graveside prior to the interment)

Traditional Plus
(Includes a visitation and a funeral service in which the deceased is present in an open or closed casket, plus one or more memorial services without the presence of the deceased)

Direct
(The deceased is buried, cremated or donated to medical science without any funeral services)