



# Goglin Funeral Homes & Legacy Crematory

**This Pre-Arrangement is for:**

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Residence City/State/Zip \_\_\_\_\_  
"(Physical Address, No PO Boxes)" \_\_\_\_\_  
\_\_\_\_\_

**Person to Finalize Arrangements at Time of Death:**

Informant's Full Name \_\_\_\_\_  
Relationship to the person for whom the  
arrangements are being made \_\_\_\_\_  
Informants Mailing Address-City/State/Zip  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Informant's Primary Phone Number w/ Area Code \_\_\_\_\_

**Basic Information:**

Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
Place of Birth City/State \_\_\_\_\_  
Father's Full Name \_\_\_\_\_  
"Mother's Full Name ( Use Last Name Prior to First Marriage)" \_\_\_\_\_  
Gender     Male  Female  
Ethnicity \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Name of Spouse (if wife, give last name prior to first marriage) \_\_\_\_\_  
Place of Marriage \_\_\_\_\_  
Date of Marriage \_\_\_\_\_  
Spouse's Current Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual Information:**

List Any Hobbies, Talents and Interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
List Any Organizations and Affiliations, Including Offices Held and Awards Received  
\_\_\_\_\_  
\_\_\_\_\_



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**Family Information:**

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Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grandchildren \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Great- Granchildren \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brothers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sisters \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Family to be listed in Obituary  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any family members that have preceded this person in death  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education Information:**

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Highest Level of Education Attained: List Degrees Completed, If Desired List Schools and Years Attended \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Military Information

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Branch of Services \_\_\_\_\_

Services Serial Number \_\_\_\_\_

Dates of Service \_\_\_\_\_

If War Veteran, please list \_\_\_\_\_

Please list Medals or Citations Received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Occupational Information:

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Usual Occupation for Most of Working Years \_\_\_\_\_

Type of Business or Industry \_\_\_\_\_

If Desired, List Places of Employment and Years of Services \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Service Information:

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Place of Services  Church  Funeral Home  Other

Name Of Facility City/State \_\_\_\_\_

Clergy or Officiant \_\_\_\_\_

Visitation Preference  Public  Private  None

Visitation Location  Funeral Home  Church  Other

Prayer or Wake Service  Yes  No

Final Disposition  Burial  Cremation  Cremation & Burial  Cremation & Entombment  Cremation & Scatter  Entombment

Place of Burial, if Applicable \_\_\_\_\_

Special Graveside Rites  Yes  No

By Whom \_\_\_\_\_

Organist \_\_\_\_\_

Soloist \_\_\_\_\_

Special Music \_\_\_\_\_

Musical Selections \_\_\_\_\_

Preferred Readings or Scripture \_\_\_\_\_

Casketbearers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Honorary Casketbearers \_\_\_\_\_

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Any Special Persons to Participate in Service ( Speakers, Readers, Alter Servers,  
Lay Ministers, Etc. \_\_\_\_\_

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Please List Any Other Information or Instructions You Would Like Us to Have

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