

Comprehensive Funeral Planning Survey

Section 1: Basic Information

1. Are you filling out this form for:

- ☐ Yourself
- ☐ Someone else

2. If filling out for someone else:

- Name: _____
- Your relationship to this person: _____

3. Your contact information:

- Email Address: _____
- Phone Number: _____
- Address: _____
- City: _____
- State: [Dropdown]
- Zip Code: _____

4. Best way to contact you:

- ☐ Email
- ☐ Phone
- ☐ Text

Section 2: Personal Details

5. Personal Information:

- First Name: _____
- Middle Name: _____
- Last Name: _____
- Date of Birth: _____
- Age: _____
- Sex: [Male/Female/Other]

- Race: _____

6. Current Address:

- Street Address: _____
- City: _____
- State: [Dropdown]
- Zip Code: _____
- Inside City Limits: [Yes/No]
- County: _____
- Length of Residence in County: _____

7. Family Information:

- Marital Status: [Single/Married/Divorced/Widowed/Other]
- Full Name of Spouse (if applicable): _____
- If spouse is female, maiden name: _____

8. Family Members (separate each name with a comma):

- Children: _____
- Parents: _____
- Sisters and Brothers: _____
- Grandparents: _____
- Number of Grandchildren: _____
- Number of Great Grandchildren: _____

Section 3: Background Information

9. Education:

- Primary Education: _____
- College Education: _____

10. Work History:

- Usual Occupation (most of life, not retired): _____
- Kind of Business: _____
- Company: _____

11. Parents:

- Father's Full Name: _____
- Mother's Full Maiden Name: _____

12. Place of Birth:

- City, State, Country: _____

Section 4: Planning Experience & Preferences

13. Have you ever been responsible for making funeral arrangements?

- ☐ Yes
- ☐ No

14. What is most important to you regarding funeral homes? (Select all that apply)

- ☐ Private owned and operated vs Corporation
- ☐ History/amount of time in business
- ☐ Relationship/online ratings/reviews
- ☐ Private owned and operated crematory
- ☐ Proximity to your home
- ☐ Proximity to your cemetery plot
- ☐ Religious requirements

15. If private ownership is important, why?

16. Your home zip code (for proximity considerations):

17. Cemetery plot zip code (if applicable):

18. Religion:

- Religious Denomination: _____
- Name of Church (if applicable): _____
- Church zip code: _____

Section 5: Service Preferences

19. I am interested in: (Select all that apply)

- ☐ Burial
- ☐ Cremation
- ☐ Green/Eco-logical options
- ☐ Other (please specify): _____
- ☐ Unsure

20. Preferred Place of Service:

- ☐ Funeral Home
- ☐ Church
- ☐ Other venue (specify): _____

21. What events do you want to include for your service? (Select all that apply)

- ☐ Public Viewing
- ☐ Private Family Viewing
- ☐ Private Identification
- ☐ Funeral Service
- ☐ Memorial Visitation (Church, Funeral Parlor, 3rd party location)
- ☐ Memorial Service (urn present)
- ☐ Committal Service (cemetery)
- ☐ Celebration of Life
- ☐ Digital/Remote service

Conditional: If Cremation Selected

22. Cremation preferences:

- ☐ Traditional cremation
- ☐ Low cost cremation options
- ☐ Spreading cremains
- ☐ Cremation keepsakes
- ☐ Urn (with engraving)
- ☐ Other (specify): _____

23. Preference for disposition of ashes:

Conditional: If Burial Selected

24. Burial preferences:

- ☐ Casket selection assistance

- ☐ Family casket preferences provided
- ☐ Traditional burial
- ☐ Green burial options

25. Cemetery Information:

- Name of Cemetery (if applicable): _____
- City and State: _____

Section 6: Current Preparations

26. I have already prepared my: (Select all that apply)

- ☐ Funeral/Cremation Arrangements
- ☐ Cemetery Arrangements
- ☐ Travel and Relocation Protection
- ☐ Will
- ☐ Obituary
- ☐ None of the above

27. In the event of your death, who would be responsible for making your arrangements?

- ☐ Spouse
- ☐ Children
- ☐ Family Member
- ☐ Power of Attorney
- ☐ Other (specify): _____

Section 7: Additional Services Interest

28. I would like more information about: (Select all that apply)

- ☐ Funeral planning (Funeral Home/Venue/Officiant)
- ☐ Cemetery arrangements
- ☐ Headstone engraving
- ☐ Veteran benefits
- ☐ Travel protection
- ☐ Grief Counseling
- ☐ Death guide/doula services
- ☐ Non-denominational officiant/service
- ☐ Eco-logical/Green Options/Non-traditional options
- ☐ Financial Planning

☐ Attorney services (Will, POA/POM/DNR)

☐ Obituary/Memorial services

Section 8: Insurance & Financial

29. Is there an insurance policy on the decedent/yourself?

☐ Yes

☐ No

30. If yes, specify insurance type:

Conditional: Veteran Information

31. Were you/was the decedent ever in the US Armed Forces?

☐ Yes

☐ No

If Yes to Veteran Status:

32. Branch of Service:

☐ Army

☐ Navy

☐ Air Force

☐ Marines

☐ Coast Guard

☐ Space Force

☐ Other (specify): _____

33. Is a copy of discharge papers available?

☐ Yes

☐ No

Section 9: Special Circumstances

34. If this is an immediate need situation:

- Date of Death: _____

- Place of Death: _____

- Location of Death: [Hospital/Home/Nursing Home/Other]

- If other, address: _____
- Name of the Place of Death: _____

35. Do you have an appointment scheduled with funeral home staff?

- ☐ Yes
- ☐ No

Section 10: Additional Information

36. Please list any other instructions or information you would like included:

37. Any special requests or cultural considerations:

38. How did you hear about our services?

- ☐ Online search
- ☐ Referral from friend/family
- ☐ Social media
- ☐ Previous experience
- ☐ Other (specify): _____

This form helps us understand your needs and preferences to provide the most appropriate guidance and services. All information will be kept confidential and used only to assist with your planning needs.