



My
PLANNING
GUIDE

How I want to be Remembered



WILLIAMS
DINGMANN

FAMILY FUNERAL HOMES

www.DingmannCremations.com



Please indicate Funeral Home location:

- St. Cloud Princeton Long Prairie Rupp Funeral Home - Chisholm Cron-Sheehy Funeral Home - Eveleth

Date Completed: _____

Personal History

Full legal name: _____ Maiden Name _____

Address: Inside city/township limit: [] Yes [] No County _____

(Physical address not PO Box) City or Township State Zip Code

How long at place of residence? _____ Former resident of: _____

Race: [] White [] Black * _____ Hispanic? Origin * _____

Birth date _____ Place: _____

Age: _____ Social Security number: _____

Educational level: [] 8th or less [] 9-12th [] HS/GED [] Some College-no degree [] AS [] BS [] MA [] Doctorate

Father's name: _____

Mother's name (Maiden): _____

Occupation: _____ Business/Industry: _____

Employer: _____

Military service? _____ Applicable number: _____

Marital Status: [] Married [] Widowed [] Divorced [] Never Married [] Child

Memberships- additional obituary information _____

Notes: _____

Family Members

Names should as they need to appear in the obituary and other printed materials.
City and State of residence are helpful.

SPOUSE: _____

PARENTS: _____

GRANDPARENTS: _____

CHILDREN:

[] S [] D _____

[] S [] D _____

[] S [] D _____

[] S [] D _____

[] S [] D _____

[] S [] D _____

_____ GRANDCHILDREN _____

_____ GREAT-GRANDCHILDREN _____

BROTHERS/SISTERS:

PRECEDED IN DEATH BY: _____

Responsible Party *(Person to Handle Arrangements on Your Behalf)*

Name _____ If wife, Maiden Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Cell Phone _____

Others to be notified: _____

Important Legal Information to Share with Family Members

Will? ___ Location? _____ Attorney? _____

Executor of Estate _____

Life Insurance Policies	Company Name	Amount	Policy Number
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Service Information

Service Preference: Burial Cremation Other _____

Where would you want your Funeral or Memorial service held? _____

Comments: _____

Officiant(s): _____

Rosary Vigil Rosary/Vigil Officiant: _____

Cemetery: _____

Additional Services: _____

Fraternal or Military Rites? _____ Flag Requested? _____

Music for Service: _____

Casket opened or closed? *Details:* _____

Pallbearers

Honorary Pallbearers

Other Special Requests: _____

I, _____, have given the preceding information to be placed on file with Williams Dingmann Funeral Home to assist my family and loved ones upon my death.

Authorized by



Funeral Home Representative