

Thompson-Miller Funeral Home, Inc.

124 East North Street, Butler, Pennsylvania 16001

Richard J. Miller, Supervisor

724.287.3706 (office)

724.287.3705 (fax)

Pre-Arrangement Fact Sheet

The following information is needed at the time of your pre-arrangement meeting.

Please Print

Full Name: _____ Nickname: _____ Age: _____

Address : _____

City: _____ State: _____ Zip: _____

Township: _____ County: _____

Social Security number: _____

Where were you born? _____ Date: _____

Parents:

Father's name: _____

Mother's name (with maiden name): _____

Spouse:

Name : _____

Date you were married: _____

Date of death, if your spouse is deceased: _____

Your Occupation: _____

Where did you work? _____

If you are retired, what date? _____

Are you a member of a church? _____

Name of Church: _____

Do you belong to any Organizations/Community Activities/Clubs? Please list them

What are your interests?

Education:

High School you attended: _____

How many years did you attend? _____

College you attended: _____

How many years did you attend? _____

What degree did you receive? _____

Military:

Were you in the Military? _____

What branch: _____

Rank when you were discharged: _____

Did you serve during peace time/war time? _____

Where did you serve? _____

Are you able to find your discharge papers? (DD-214) _____

(The funeral home will need a copy)

Survivors: (Please also indicate the city and state in which they live)

Spouse/Parents/Children/Grand-children/Brothers/Sisters/Nieces/Nephews

Spouse:	
Parents:	
Sons:	Brothers:
Daughters:	Sisters
Grandchildren (the number of or list by name)	Nieces (give the number)
Great-Grandchildren (the number of or list by name)	Nephews (give the number)

Funeral Service:

Where would you like the funeral service to be held? Church or Funeral Home

What pastor/lay-minister would you like to perform the service? _____

What church is the pastor/lay-minister from? _____

Cemetery:

Cemetery name: _____

Do you own space/spaces there? _____

Will you be buried beside someone? _____

Memorials:

Who should memorial donations be made to? _____

Is this in lieu of flowers? Yes / No

Contact Person and/or who will be next of kin at the time of need:

Name: _____

Address: _____

Phone number: _____

Relationship: _____

Social Security number: _____

Please call to schedule an appointment at your convenience

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