

1773 Frank Scott Parkway West  
Belleville, IL 62223  
618-235-2100  
www.kurrusfh.com

# KURRUS

## FUNERAL HOME

Proud To Be  
Family Owned  
Since 1883

### AND CREMATION SERVICES

## *Biographical Information*

Full name: \_\_\_\_\_ Also known as \_\_\_\_\_

Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years at Residence \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Civil Union \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Spouse Name \_\_\_\_\_ Maiden \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_ Industry or Business: \_\_\_\_\_

Retired: (What Year) \_\_\_\_\_ Years of service: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Years of schooling (specify highest grade): \_\_\_\_\_

Hispanic origin: No \_\_\_\_\_ Yes \_\_\_\_\_ Specify \_\_\_\_\_

(If yes, specify Cuban, Mexican, Puerto Rican, Etc)

Church membership: \_\_\_\_\_

Groups or organizations: \_\_\_\_\_

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### *Veteran Information*

If Veteran, Name War: \_\_\_\_\_

Rank \_\_\_\_\_ Branch of Service \_\_\_\_\_ Serial No. \_\_\_\_\_

Date and place enlisted \_\_\_\_\_

Date and place discharged \_\_\_\_\_

Where is your Discharge Papers? (DD214) \_\_\_\_\_

Do you want a flag? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you want military honors? Yes \_\_\_\_\_ No \_\_\_\_\_

Drap flag on the casket? \_\_\_\_\_ Or fold and place on a stand by the casket? \_\_\_\_\_

### *Cemetery Information*

Cemetery Lots at: \_\_\_\_\_

Lots under who's Name? \_\_\_\_\_

Description of lot on deed \_\_\_\_\_

Do you own your vaults from cemetery? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you paid for grave opening? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own your marker from cemetery? Yes \_\_\_\_\_ No \_\_\_\_\_

## **Funeral Arrangements**

Do you want Funeral at Church? \_\_\_\_\_ or at the Funeral Home? \_\_\_\_\_

Minister for funeral service: \_\_\_\_\_

Do you want any special organizational service? \_\_\_\_\_

Memorial to be given to: \_\_\_\_\_

Who do you want as Pallbearers? (if any)

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_

Special hymns or songs:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Special poems or scriptures:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Do you want the casket opened for the funeral service and have the friends and family have the last viewing? \_\_\_\_\_

Or would you want the casket closed for the service having pallbearers form a screen while we close casket? \_\_\_\_\_

Special Clothing \_\_\_\_\_

Put glasses on during visitation Yes \_\_\_\_\_ No \_\_\_\_\_

Special Jewelry: \_\_\_\_\_

Remove jewelry when closing casket Yes \_\_\_\_\_ No \_\_\_\_\_

If Jewelry is removed who should it go to? \_\_\_\_\_

## **Personal Information:**

(You can fill this information out to help your family  
locate your assets or set up a living trust in advance.)

Location of Will? \_\_\_\_\_

Life insurance policies 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Where are policies at: \_\_\_\_\_

Stocks and Bonds: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Brokers Name and Phone Number: \_\_\_\_\_

Accounts at what Banks? 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Property owned: (House, Car, Boats, Lots Etc.)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

# *List Living or Deceased*

## **Children Names and Spouses:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Phone # \_\_\_\_\_

## **Brothers (spouse):**

Name \_\_\_\_\_

City State \_\_\_\_\_

Name \_\_\_\_\_

City State \_\_\_\_\_

Name \_\_\_\_\_

City, State \_\_\_\_\_

Name \_\_\_\_\_

City, State \_\_\_\_\_

Name \_\_\_\_\_

City, State \_\_\_\_\_

Name \_\_\_\_\_

City, State \_\_\_\_\_

## **Sisters (spouse):**

Name \_\_\_\_\_

City, State \_\_\_\_\_

Name \_\_\_\_\_

City, State \_\_\_\_\_

Name \_\_\_\_\_

City, State \_\_\_\_\_

Name \_\_\_\_\_

City, State \_\_\_\_\_

Name \_\_\_\_\_

City, State \_\_\_\_\_

Name \_\_\_\_\_

City, State \_\_\_\_\_

## **Grandchildren:(Name or number?)**

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**Great Grandchildren:**

Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____

**Great Great Grandchildren:**

Name _____	Name _____
Name _____	Name _____

**Other Family or Friends to List**

Name (City, State) _____	Relationship _____
Name (City, State) _____	Relationship _____
Name (City, State) _____	Relationship _____
Name (City, State) _____	Relationship _____
Name (City, State) _____	Relationship _____
Name (City, State) _____	Relationship _____
Name (City, State) _____	Relationship _____

*\*This information will not do any good unless you tell your family and also place it in our files so that your wishes can be found when needed.*

*After placing information in our files we will give you a card to keep in your wallet or purse letting someone know that the information is on file at the funeral home.*

*If you have any other questions concerning pre-arranging or any aspect of the funeral industry feel free to contact us at:*


  
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