



# SALEM

*Funerals & Cremations*

OWNED AND OPERATED BY THE VOGLER FAMILY

## Planning Worksheet

### Vital Information

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Inside City Limits \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_ Business \_\_\_\_\_

Education \_\_\_\_\_ Social Security # \_\_\_\_\_ Veteran \_\_\_\_\_

Fathers Name \_\_\_\_\_

Mothers Name and (Maiden) \_\_\_\_\_

Informant \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Doctor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**The information above is required for the completions of the Death Certificate**

Place of Service \_\_\_\_\_

Day of Service \_\_\_\_\_ Time of Service \_\_\_\_\_

Minister (s) \_\_\_\_\_

Cemetery \_\_\_\_\_

Receive Friends \_\_\_\_\_

Memorials/Charity \_\_\_\_\_  
\_\_\_\_\_

Information to compose personalized newspaper  
obituary

Church affiliation

Interest or Hobbies

Accomplishments

Cherished Memories

Favorite Music

Special Talents

Other \_\_\_\_\_

List of Survivors

Spouse _____
Children _____
Sister (s) _____
Brothers (s) _____
Grandchildren _____
_____

Special Instructions

**Pallbearers:**

_____	_____
_____	_____
_____	_____
_____	_____

Certain service arrangements may not require pallbearers. Additionally we can provide pallbearers if you can not provide them

**Newspapers:** Winston-Salem Journal Days to run \_\_\_\_\_

\_\_\_\_\_ Days to run \_\_\_\_\_

\_\_\_\_\_ Days to run \_\_\_\_\_

\_\_\_\_\_ Days to run \_\_\_\_\_

\_\_\_\_\_ Days to run \_\_\_\_\_

**Certified Copies of Death Certificates** \_\_\_\_\_ Mail/Call when ready \_\_\_\_\_

**Family first Viewing** \_\_\_\_\_ @ \_\_\_\_\_

**Flower Preferences** \_\_\_\_\_

Jewelry \_\_\_\_\_ Glasses \_\_\_\_\_

Clothing \_\_\_\_\_

We suggest you bring what ever appropriate and underclothing. We also suggest clothing for cremation families

**Photograph (s) we can arrange a portrait from a special photo or we can arrange up to 20 photographs with music and captions for a DVD presentation.**

Music \_\_\_\_\_  
Organist \_\_\_\_\_ Soloist \_\_\_\_\_  
Favorite Songs/Hymns \_\_\_\_\_  
\_\_\_\_\_

Family Contact phone numbers Home # \_\_\_\_\_  
Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Office # \_\_\_\_\_  
Email \_\_\_\_\_

**Life Insurance Policies**

Name of Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Company \_\_\_\_\_ Policy # \_\_\_\_\_