

This form will be used by our Advanced Planning Specialists to complete the pre-planning process.

**Name (Preplan)**

All Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Phone Number (Required) \_\_\_\_\_ Email Address \_\_\_\_\_

Male  Female

**Usual Residence**

Complete Street Address \_\_\_\_\_

If rural give exact location (not post office or rural route address) \_\_\_\_\_

City \_\_\_\_\_ State/Province/Region \_\_\_\_\_ Zip Code/Postal Code \_\_\_\_\_

Marital Status

Never Married  Separated  Married  Widowed  Divorced

If married, widowed, or divorced give full name of husband or full maiden name of wife \_\_\_\_\_

**Occupation**

Kind of work done during most of working life \_\_\_\_\_

Industry: kind of business or industry in which worked \_\_\_\_\_

**Birth Date / Birthplace**

Birthdate: \_\_\_\_\_

Birthplace Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province/Region \_\_\_\_\_ Zip Code/Postal Code \_\_\_\_\_

**Name and Birthplace of Parents**

\_\_\_\_\_  
**Fathers Complete Name** **Birthplace: State/Province/Region**

\_\_\_\_\_  
**Maiden and Given names of Mother** **Birthplace: State/Province/Region**

**Executor or Next of Kin**

\_\_\_\_\_  
**Given Names** **Surname**

\_\_\_\_\_  
**Complete Street Address**

\_\_\_\_\_  
**City** **State/Province/Region** **Zip Code/Postal Code**

\_\_\_\_\_  
**Telephone** **Email** **Relationship to Deceased**

**Alternate Contact**

\_\_\_\_\_  
**Given Names** **Surname**

\_\_\_\_\_  
**Complete Street Address**

\_\_\_\_\_  
**City** **State/Province/Region** **Zip Code/Postal Code**

\_\_\_\_\_  
**Telephone** **Email** **Relationship to Deceased**

## Final Arrangements

### 1. Types of Final Arrangement

- |   |  |
|---|--|
| <input type="checkbox"/> Cypress Event              | <input type="checkbox"/> Green Burial      |
| <input type="checkbox"/> Memorial Service           | <input type="checkbox"/> Open Casket       |
| <input type="checkbox"/> Direct Cremation or Burial | <input type="checkbox"/> Graveside Service |
| <input type="checkbox"/> Funeral Service            | <input type="checkbox"/> Closed Casket     |

### 2. I Request that my Event be conducted by:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Clergy        | <input type="checkbox"/> Celebrant |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Non-religious |                                    |

### 3. I request that my Cypress Event/Funeral/Memorial Service be held at:

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Name of Church or Assembly Facility

### 4. I would like a reception to follow

- Yes  No

### 5. Request My Body Be:

- Cremated  Buried

### 6. If Burial, Name of Cemetery:

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### 7. I already own burial property at the above cemetery:

- Yes  No

### 8. If Cremation, I wish that my cremated remains be:

- Buried and Memorialized in a Family of Cremation Plot  
 Cremated remains be returned

### 9. I would like to have my event broadcast via the Internet

- Yes  No

### 10. I would like a video tribute DVD shown at my event and copies available for my family members

- Yes  No

### 11. I wish to assist my executor by having Cypress provide a Personalized Assistance Guide for their use

- Yes  
 No
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