

**Glueckert Funeral Home, Ltd.**  
1520 N. Arlington Heights Road  
Arlington Heights, Illinois 60004-3906  
(847) 253-0168, (888) 863-2654

**Funeral Planning Worksheet**  
**Vital Statistics**

Full Legal Name: \_\_\_\_\_

Nickname and Also Known As: \_\_\_\_\_

Legal Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Place of Birth (City, State): \_\_\_\_\_

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

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

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

Marital Status:      Married      Never Married      Widowed      Divorced

Highest Grade of Education completed: \_\_\_\_\_

Did you serve in the US Armed Forces?      No      Yes

If yes:      Branch of Service: \_\_\_\_\_      War or Dates of Service: \_\_\_\_\_

Occupation (choose only one if varied career): \_\_\_\_\_

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

Name of Legal Representative or Next-of-Kin: \_\_\_\_\_

Their Address \_\_\_\_\_

Their Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Their relationship: \_\_\_\_\_

Physician Name: \_\_\_\_\_

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

Physician Telephone Number: \_\_\_\_\_

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### **Family**

Where appropriate, please use the format: First Name (Spouses First Name) Last Name. List children by age from oldest to youngest. For deceased family members, precede their names by "The Late"

Spouse (include maiden name): \_\_\_\_\_

If Spouse is surviving, Date & place of Marriage: \_\_\_\_\_

Children (include current home City & State): \_\_\_\_\_

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Grandchildren: \_\_\_\_\_

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Siblings: \_\_\_\_\_

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### **Background**

Employment History (include occupation, job title, company and approximate dates employed):

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Clubs and organizations (include positions held), honors, awards, noteworthy achievements, interests and other background: \_\_\_\_\_

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If there is a specific organization, church or charity that you would like memorial contributions to be given list the name, address and telephone number below. Also indicate if you prefer the contributions to be listed "In Lieu of Flowers:" \_\_\_\_\_

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List the names of all newspapers to which you would like obituaries or death notices to appear:

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If you are a member of a church, congregation or synagogue, list the name, address and telephone number: \_\_\_\_\_

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I am not a member of a church, congregation or synagogue, but my background is:

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If you have a clergyperson, list their name, address and telephone number: \_\_\_\_\_

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**Visitation** (Check all that Apply)

\_\_\_\_\_ I would like a visitation      \_\_\_\_\_ I would like open casket viewing for family

\_\_\_\_\_ I would like open casket viewing for friends      \_\_\_\_\_ I prefer no visitation

\_\_\_\_\_ I would like my visitation to be at:    Glueckert Funeral Home  
or other location \_\_\_\_\_

During the visitation, I would like the following:

Special Music: \_\_\_\_\_

Photo boards of my life and family       Memorial video of my life and family

Printed goods with Verse: \_\_\_\_\_ Photo \_\_\_\_\_

List any other special requests: \_\_\_\_\_

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