



## *Obituary/Pre-Planning Information*

(Please complete in full with as much detail and accuracy as possible.)

Name: (First, Middle, Last) \_\_\_\_\_

Address: \_\_\_\_\_ Township: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Male / Female (Circle One)    Birth City/Town/Village: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth State/Country: \_\_\_\_\_

Home Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Mother's Full Name (**Include Maiden**) \_\_\_\_\_

Email: \_\_\_\_\_

### **Marital Status:**

Please Check or Circle One:     Single     Married     Divorced     Widowed

Spouse's Name (Include Maiden) \_\_\_\_\_

First

Middle

Last (Maiden)

Date of Marriage: \_\_\_\_\_

Location of Marriage: (City/Church) \_\_\_\_\_



## Funeral Home

### Education and Employment History:

High School Education (please check/circle highest grade completed):

8    12   High School Attended/Graduation Year \_\_\_\_\_

College (please check/circle one):    Yes    No

Number of Years Completed/Degree: \_\_\_\_\_

College(s) Attended: \_\_\_\_\_

Locations of College(s): \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

Name/Place of Employment: \_\_\_\_\_

Number of Years Employed: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

### Military Service Information

**Veteran** (please check/circle one):    Yes    No

**Branch:**    Army    Navy    Air Force    Marines    Coast Guard

Period (please check/circle one):

WWII    Korea    Vietnam    Desert Storm    Iraq/Afghanistan    Peace Time

Date Entered Service: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Serial/Service Record Number: \_\_\_\_\_

Do You Have A Copy of Your Discharge Papers (DD-214)    Yes    No

Membership in Any Local Veterans Organizations? VFW? Am Legion? \_\_\_\_\_

Do you wish to have a graveside service with military honors?    Yes    No



## Funeral Home

### List of Survivors- Used in Obituary (Please include: Spouse and City/State where they reside)

**Husband or Wife:**

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**Parents:**

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**Grandparents:**

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**Sisters: Include Spouse**

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**Sons: Include Spouse**

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**Grandchildren: No. \_\_\_\_\_ Names Optional**

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**Daughters: Include Spouse**

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**Great-Grandchildren: No. \_\_\_\_ Names Optional**

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**Step-Children: Include Spouse**

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**Other Survivors: Other Family/Friends**

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**Brothers: Include Spouse**

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Mark & Mitchell Mountain  
Mountainfuneralhomes.com

# Mountain



# Funeral Home

Phone (715) 682-5533  
Fax (715) 682-5534  
Email: mountainfh@gmail.com

**Preceded in Death by:**

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**Organization, Clubs Belonged to:**

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**Hobbies, Interests, Events, Awards:**

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**Memorials Designated to: Charitable Organizations/Special Causes/Educational Funds Etc.....**

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**Family Member Funeral Home May Contact To Make Funeral Arrangements:**

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



## Funeral Home

### Type of Funeral Services Desired: (Please check or circle one)

~We will discuss a full range of options with you during the Pre-Arrangement or At-Need Arrangements conference.

**Traditional Funeral** – Open casket viewing– Public Visitation/Wake, Funeral service at church or funeral home, followed by burial or entombment at cemetery. All one day or evening visitation. Embalming Required for Viewing.

**Direct Burial/Graveside Services** – Direct burial at cemetery with or without graveside services. Embalming is optional, Closed Casket. Services can be public or private.

**Traditional Funeral Service with Cremation** – Public visitation with open casket viewing. Use of casket, Funeral service at Church or Funeral Home- all one-day services or with night visitation the evening before the funeral. Funeral service is followed by cremation of the body. Embalming required for viewing.

**Cremation with Memorial Services** – Immediate cremation of body, followed by memorial service either at Church, Funeral Home, or place of your choice.

**Direct Cremation** – Cremation process is performed. No memorial service.

**Other Type of Service- Please Specify:** \_\_\_\_\_

**Embalming preferred?**       Yes       No

**Note:** It is our funeral home policy to require embalming when the casket is going to be open for a public visitation.

**Visitation/Wake to be held at** (please check/circle one):

Funeral Home     Church     Other:      Name: \_\_\_\_\_

**Funeral or Memorial services to be held at** (please check/circle one):

Church       Cemetery       Funeral home       Mausoleum       Other:

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



## Funeral Home

### Religious/Church Affiliation

Name of Church: \_\_\_\_\_

Clergy Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**Note: If no minister/clergy is available to you, we have several local ministers of various religious denominations we can contact for you. These ministers are available to perform a funeral home service and/or a graveside service at the cemetery for you.**

**Special Music Requests/Hymns for Funeral or Memorial Services:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Luncheon or Gathering After Service:**       Funeral home       Church       Restaurant  
 Other       None

### Cemetery Information

**Burial:**       Yes       No      **Columbarium:**       Yes       No

Grave Space/Plot Already Purchased?       Yes       No

Name of Cemetery/Columbarium: \_\_\_\_\_

Location and/or Address: \_\_\_\_\_

Plot Location if Possible:      Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Monument or Grave Marker Already Purchased?       Yes       No

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# Mountain



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## Newspapers Requested for Obituary Submission

- Ashland Press                       Mellen Weekly Record  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

\*Please note- there is a charge for each newspaper selected for the obituary.

**Pallbearers for Funeral Service:** 6 is traditional. Can use more than 6 if necessary.

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**Other Information or Special Requests for the Funeral Home**

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**Please complete and drop off at our funeral home at your convenience.**

**Also: Mail or Fax**

## Mountain Funeral Home

220 3<sup>rd</sup> Ave East

Ashland, WI 54806

Phone: (715) 682-5533

Fax: (715) 682-5534

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