

Pre-Planning Guide

MACKEN
FUNERAL
HOME



1105 12th Street SE • Rochester, MN 55904

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www.mackenfuneralhome.com

STEP 1 - PERSONAL HISTORY (Please print)

First _____ Middle _____ Last _____

Maiden Name _____ Social Security Number (optional) _____

Home Phone Number _____ Email _____

Street _____ City _____

County _____ State _____ Zip _____

Birthdate _____ Birthplace _____ Sex: Male Female

Nationality/Citizenship _____ Highest Education Level Completed _____

Employed by (or retired from) _____ Job Title _____ Retired Since _____

Marital Status _____ Where _____ When _____

Spouse's Name (include Maiden Name) _____

Father's Name _____

Mother's Maiden Name _____

Veteran: Yes No

Branch of Service _____ Discharge Rank/Date/Location _____

Membership (church, unions, etc.) _____

Surviving childrens names/city/state: _____

Number of grandchildren: _____ Great grandchildren: _____ Great-great grandchildren: _____

Surviving brothers and sisters names/city/state: _____

Preceded in death by: _____

STEP 2 - PERSONAL PREFERENCES

Preferred Funeral Home _____ Phone _____

Church Preference _____ Phone _____

Officiant _____ Phone _____

Disposition Preference: Burial Cremation Other _____

Service to be Held at: Mortuary/Funeral Home _____ Church _____

Chapel _____ Graveside _____

Visitation/Friends Calling: Yes No Obituary: Yes No Picture: Yes No Other: _____

Newspaper(s) _____

Casket/Urn _____ Vault _____

Participating Fraternal, Military or Service Organization _____

Flag (If Veteran): Folded Draped Given to _____

Specific Clothing _____ Glasses _____

Jewelry _____ Flowers (type) _____

Favorite Music Selections _____

Specific Requests to be Performed at Service _____

Favorite Literature or Religious Passage/Verse _____

Contributions (Name of Charity) _____

Cemetery Property Owned: Yes No Cemetery _____ City _____ State _____

Location: Space _____ Lot _____ Vault _____ Marker _____

Additional Requests: _____

STEP 3 - ESTATE/FINANCIAL INFORMATION (Optional)

Do you have a will? Yes No Living Will: Yes No Trust: Yes No Location _____

Attorney or Power of Attorney _____ Phone _____

Name and Location of your Bank _____ Safe Deposit Box: _____

Location of Birth Certificate _____ Marriage License _____

Life Insurance Company _____ Policy # _____

Location of Military Records (DD214) _____

Location of Other Records, Deeds, Titles, etc. _____

Notes: _____

The following information represents my personal preferences for the purpose of assisting my family in making funeral and burial arrangements at the time of need. I understand that a contract between myself and the funeral home in which the funeral home agrees to provide specific services and merchandise which I may pre-select, and for which I may pre-pay, may be available to me, but I wish to clearly advise my family that this form does not constitute such a contract. As of this date, I would prefer that my family work with (Funeral Home) _____,

And honor the requests above.

Signature _____

Date _____