

We at Mackie Funeral Service & Cremations are honored you have chosen us to help with this important event. To help you in making all necessary preparations we are pleased to offer you this Funeral Planning Guide. Please complete this form as much as possible and return it to one of our caring staff. Please make all markings clearly legible.

PERSON COMPLETING THIS FORM	PERSON PRE-ARRANGEMENT IS FOR
First Name:	First Name:
Last Name:	Last Name:
Middle Name:	Middle Name:
Email Address:	Sex: Male Female
Street Address:	Marital Status: Married Widowed
City:	Divorced Never Married
County:	
State:	Social Security #:
Zip Code:	
Phone Number:	Date of Birth:
	month day year
Person for whom I am Pre-arranging:	Place of Birth:
Myself Mother	
Spouse Father	Spouse's Name
Life Partner Friend	Full:
Child Other relative	- Maiden:
DEDGON EDIALIZACIO ADDANGEMENTO	Place of Wedding:
PERSON FINALIZING ARRANGEMENTS	Date of Wedding:
AT TIME OF DEATH	month day year
Check here if same as person completing this form:	
Full Name:	Fathers Full Name:
Street Address:	
City:	Within S Name-
State:	1 411.
Zip Code:	
Phone Number:	– Maiden:

FUNERAL SERVICE INFORMATION	WORK AND EDUCATION
Place of Funeral Service:	Primary (please circle one number):
Funeral Home Church Cemetery	0 1 2 3 4 5 6 7 8 9 10 11 12
<u> </u>	College (please circle one number):
Name of Funeral Home:	0 1 2 3 4 5 more
	_
	Usual occupation:
Street Address:	Kind of Business:
City:	
State:	
Zip Code:	
Phone Number:	Branch of Service:
	Air Force Navy
Place of Visitation:	_ Army Marines
	Coast Guard Other
Preference for the funeral service:	
Public Private	Serial #:
	Date Enlisted:
Viewing for family: Yes No	month day year
Viewing for friends: Yes No	Rank at Discharge:
	Date Discharged:
Religious Denomination:	month day year
	_ Discharge on file at:
Place of Worship:	
	Copy of Discharge papers? Yes No
Lodge/Union:	
	Names of Conflicts Toured:
DISPOSITION OPTIONS	
Earth burial Mausoleum Cremation	
Cemetery:	_
Street Address:	LAST WILL AND TESTAMENT
City:	Prepared
State: Zip:	- Not prepared
Phone Number:	_ Inot prepared
Section:	_

SPECIAL INSTRUCTIONS	WORK AND EDUCATION
Flower Preference:	Primary (please circle one number):
	0 1 2 3 4 5 6 7 8 9 10 11 12
Music:	College (please circle one number):
	0 1 2 3 4 5 more
Casket Bearers:	Usual occupation:
(1)	Kind of Business:
(2)	Company:
(3)	
(4)	MEMORIALS AND CHARITIES
(5)	
(6)	
Jewelry:	ODTION C
	OPTIONS Out of the state of th
	Send information about pre-arrangement
Glasses:	Contact me to set an appointment
	Please keep my information on file
Clothing:	COMPLETED
	Please send this completed form to:
OTHER INFORMATION AND INSTRUCTIONS	
	Mackie Funeral Service and Cremations
	35 Duke Street
	Granite Falls, NC 28630
	Tel: (828) 396-3385
	Fax: (828) 396-4055