

Funeral Preplanning Guide

A helpful form to help you plan a funeral

Johanna B. Hayward – Managing Funeral Director

Ferguson Funeral Home Inc. 48 Boucher Street East Meaford, ON N4L 1B9

fergusonfuneral@bmts.com

Phone 519-538-1320 Fax 519-538-5633

Funeral Instructions to my loved ones:

I wanted to spare you as much anxiety, doubt and confusion as possible at the time of my death, so in this booklet I have suggested some arrangements in advance.

This booklet includes vital statistics, funeral service guidelines and cemetery requests, which are all important to the funeral director while assisting you to plan the details of my service.

The booklet also includes more personal material for eulogies, obituaries and other remembrances.

Please accept these arrangements in the spirit they are given; with love, hoping to give you comfort and help you to remember the times we shared.

Signature:	Date:	
Witness:	Date:	
First per	rson to be notified upon my death:	
Name:		
Notes:		

Vital Statistics about me:

Name:						
Address:						
City:						
Province:						
Social Insurance Numb	per:					
Date of Birth:			G	ender:		
Place of Birth:						
Occupation:						
Employer:						
Business/Industry:						
Military Service:						
Marital Status:						
Maiden Name:						
Name of Spouse:						
Father's Name:						
His place of birth:						
Mother's Name:						
Her place of birth:						
My preference	e for the loca	ation of the	Visitation,	Service or Ce	elebration of I	Life:
Funeral to be:	Public	Private	Memoria	Graveside	е	
Visitation to be held at	t:					
Service to be held at: _						

My preferences for the Service:

Clergy or Officia	ant:		or Funeral Home to Recommen
Name:			
Contact Informa	ation:		
Notes:			
Personal Items:			
Eyeglasses:	Remove	Leave On	
Jewelry:	Remove	Leave On	
Clothing:	Purchase at the time	Selected	
Pallbearers:		Honorary or	Flower Bearers
1	4	1	4
2	5	2	5
3	6	3	6
Musical Tributes	5:		
Organist/Pianist	t:		
Community Org	ganizations or Clubs that may pa	rticipate:	

Cemetery instructions:
The following are my wishes regarding my final resting place.

Name of cemetery:	
Address:	
•	
Plot, crypt or niche owned	
Final resting place:	Earth burial Mausoleum Scattering Interment following Cremation Columbarium Return to Family Other
Marker or Monument:	
Purchased:	Yes No
Monument company nam	e:
If no, inscription instructio	ns:
Reception location:	☐ Church ☐ Hall ☐ Other
	Reception to follow interment/disposition
	Reception to follow service/celebration
Notes:	

Information for newspapers - a guideline:

Place of Death:
Date of Death:
Spouse, widow or widower of:
Married for number of years:
Children, their spouses and their places of residence:
Grandchildren, their spouses and their places of residence:
Siblings, their spouses and their places of residence:
Education:
Clubs and Lodges:
Military Service:
Special interests, hobbies and pets, etc.:
Memorial donations:

A personal life review for the funeral and eulogy: