

1773 Frank Scott Parkway West
Belleville, IL 62223
618-235-2100
www.kurrusfh.com

KURRUS

FUNERAL HOME

Proud To Be
Family Owned
Since 1883

AND CREMATION SERVICES

Biographical Information

Full name: _____ Also known as _____

Residence: _____

Phone Number: _____ Years at Residence _____

Single _____ Married _____ Civil Union _____ Widowed _____ Divorced _____

Spouse Name _____ Maiden _____ Date of Marriage: _____

Date of Birth _____ Birthplace: _____

Occupation: _____ Industry or Business: _____

Retired: (What Year) _____ Years of service: _____

Father's Name: _____

Mother's Name: _____ Maiden Name: _____

Social Security Number: _____

Physician: _____ Address: _____

Years of schooling (specify highest grade): _____

Hispanic origin: No _____ Yes _____ Specify _____

(If yes, specify Cuban, Mexican, Puerto Rican, Etc)

Church membership: _____

Groups or organizations: _____

Veteran Information

If Veteran, Name War: _____

Rank _____ Branch of Service _____ Serial No. _____

Date and place enlisted _____

Date and place discharged _____

Where is your Discharge Papers? (DD214) _____

Do you want a flag? Yes _____ No _____ Do you want military honors? Yes _____ No _____

Drap flag on the casket? _____ Or fold and place on a stand by the casket? _____

Cemetery Information

Cemetery Lots at: _____

Lots under who's Name? _____

Description of lot on deed _____

Do you own your vaults from cemetery? Yes _____ No _____

Have you paid for grave opening? Yes _____ No _____

Do you own your marker from cemetery? Yes _____ No _____

Funeral Arrangements

Do you want Funeral at Church? _____ or at the Funeral Home? _____

Minister for funeral service: _____

Do you want any special organizational service? _____

Memorial to be given to: _____

Who do you want as Pallbearers? (if any)

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

Special hymns or songs:

1) _____

2) _____

3) _____

Special poems or scriptures:

1) _____

2) _____

3) _____

Do you want the casket opened for the funeral service and have the friends and family have the last viewing? _____

Or would you want the casket closed for the service having pallbearers form a screen while we close casket? _____

Special Clothing _____

Put glasses on during visitation Yes _____ No _____

Special Jewelry: _____

Remove jewelry when closing casket Yes _____ No _____

If Jewelry is removed who should it go to? _____

Personal Information:

(You can fill this information out to help your family locate your assets or set up a living trust in advance.)

Location of Will? _____

Life insurance policies 1) _____

2) _____

3) _____

Where are policies at: _____

Stocks and Bonds: 1) _____

2) _____

3) _____

Brokers Name and Phone Number: _____

Accounts at what Banks? 1) _____

2) _____

3) _____

Property owned: (House, Car, Boats, Lots Etc.)

1) _____

2) _____

3) _____

List Living or Deceased

Children Names and Spouses:

Name _____

Address _____

City, State _____

Phone # _____

Name _____

Address _____

City, State _____

Phone # _____

Name _____

Address _____

City, State _____

Phone # _____

Name _____

Address _____

City, State _____

Phone # _____

Name _____

Address _____

City, State _____

Phone # _____

Name _____

Address _____

City, State _____

Phone # _____

Brothers (spouse):

Name _____

City State _____

Name _____

City State _____

Name _____

City, State _____

Name _____

City, State _____

Name _____

City, State _____

Name _____

City, State _____

Sisters (spouse):

Name _____

City, State _____

Name _____

City, State _____

Name _____

City, State _____

Name _____

City, State _____

Name _____

City, State _____

Name _____

City, State _____

Grandchildren:(Name or number?)

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Great Grandchildren:

Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____

Great Great Grandchildren:

Name _____	Name _____
Name _____	Name _____

Other Family or Friends to List

Name (City, State) _____	Relationship _____
Name (City, State) _____	Relationship _____
Name (City, State) _____	Relationship _____
Name (City, State) _____	Relationship _____
Name (City, State) _____	Relationship _____
Name (City, State) _____	Relationship _____
Name (City, State) _____	Relationship _____

**This information will not do any good unless you tell your family and also place it in our files so that your wishes can be found when needed.*

After placing information in our files we will give you a card to keep in your wallet or purse letting someone know that the information is on file at the funeral home.

If you have any other questions concerning pre-arranging or any aspect of the funeral industry feel free to contact us at:

Owners / Directors

Charles G. Kurrus III - Dale A. Kurrus

Directors

Richard J. Kehrer

John Luther

Steven Pate

Danielle Carlson



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Advanced Planning and Aftercare

Michael R. Kennedy - Stephen A. Smith

Family Service Director Continuing Care Director