

Wilkerson Funeral Home & Crematory
2100 East Fifth Street
Greenville, NC 27858



Pre-Planning Guide

Personal Information

Today's Date: _____

Name: (First Middle, Maiden, Last) _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Social Security # _____ Sex _____ Race _____

Date of Birth: _____ Place: (County, State) _____

Sex: _____ Marital Status: __ Single __ Married __ Divorced __ Separated __ Widowed

Spouse's Name: _____
 First Middle (Maiden, if wife) Last

Address: (City & State) _____

Father's Name: _____ __ Living __ Deceased

Mother's Maiden Name: _____ __ Living __ Deceased

Number of Years of Formal Education: _____

Survivors Information for Obituary

Children: (List Names of their spouses if desired.)

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

List Names of Spouses if desired.

Brothers:

Address (City, State)

Sisters:

Address (City, State)

List any other Survivors you want listed in the Obituary.

Name:

Relationship

Address (City, State)

Number of Grandchildren: _____

Number of Great Grandchildren: _____

Number of Great Great Grandchildren _____

List names and addresses under special instructions if you want the names to appear in the obituary.

Biographical Information for Obituary
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Newspapers to carry Obituary notice:

Memorial Contributions to: (List name and mailing address.)

Officer, Club or Professional Organization Memberships:

Church: _____ City: _____

Education:

Schools Attended and dates of Degree:

Employment:

Occupation: _____

Industry: _____ Year Retired: _____

Name of last employer: _____

Address _____ Phone: _____

Name of previous employer: _____

Address _____ Phone: _____

Military Record

Branch of Service _____ Serial Number: _____

Date enlisted: _____ Place: _____

Date discharged: _____ Place: _____

Rank: _____

Honors: _____

Location of discharge papers: _____

Flag desired to drape casket: _____

Funeral Service Request

Type of Service: Traditional Graveside Memorial

Place of Service: Funeral Home Church Cemetery

Funeral Home: _____

Address: _____

Phone: _____

Minister(s): _____

Body Disposition: Burial Entombment Cremation

Cemetery Name: _____

Address and location of cemetery property: _____

Lot and Grave number: _____ Is a Marker Down? _____

Place of Visitation: Funeral Home Church

Visitation Instructions:

Music, hymns or readings you prefer during your service.

Special Instructions:

Pallbearers:

_____	_____
_____	_____
_____	_____
_____	_____

List Insurance Policy Information (if desired):

Location of Policies: _____

Do you have a will? _____ Location: _____