



Roland Funeral Service

Business (712) 243-5492 or (877) 243-5492

office@rolandfuneralservice.com

www.rolandfuneralservice.com

PO Box 129, Atlantic, Iowa 50022

Vital Information, Service Suggestions and Ideas

Information Regarding:

Appointment at Rolands'

Contact at Rolands'

*FULL NAME (First) (Nickname) (Middle) *(Maiden) (Last)	
*SOCIAL SECURITY #	*FATHER (First Middle Last)
_____ - _____ - _____	Born _____ Died _____
BIRTH	*MOTHER (First Middle (Maiden) Last)
*Sex _____ *Age _____	
*Birthdate	Born _____ Died _____
Years _____ Months _____ Days _____	EMPLOYMENT
*Place of Birth _____	*Occupation _____
	*Where Employed & Type of Business _____
*US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	(City, State) _____
*Race (examples White, Black, Am. Indian)	Length of Employment _____
*DEATH	Retirement Date _____
<input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home	NOTES _____
<input type="checkbox"/> Residence <input type="checkbox"/> Other _____	
*Facility Name _____	CHURCH NAME & ADDRESS
Facility Phone # _____	
*Street Address _____	
*City _____	Telephone _____
*County _____ *State _____ *Zip _____	Clergy _____
*Physician _____	Religious Affiliation _____
*Date of Death	Religious Activities _____
Time of Death _____ a.m. _____ p.m.	
Day of Death _____	ORGANIZATIONS
Cause of Death _____	
*SPOUSE INFORMATION AT TIME OF DEATH	
<input type="checkbox"/> single, <input type="checkbox"/> married, <input type="checkbox"/> widowed, <input type="checkbox"/> divorced	
*Name of Spouse (If wife, give maiden name)	
First _____ Middle _____ Maiden (Last) _____	
	*MILITARY
Spouse Birthdate _____	Branch of (1st enlistment) _____
*Surviving Spouse S.S.# _____	Rank _____
Wedding Date _____	Service Number _____
Place of Wedding _____	War _____
Spouse Date of Death _____	Honors/Awards _____
USUAL RESIDENCE	Enlistment Date _____
*Street Address _____	Claim Number _____
*City _____	Discharge Date _____
*County _____ *State _____ *Zip _____	Receiving VA Disability _____
Previous Places Lived _____	Where discharge papers are filed? _____
	Military Honor at Burial? _____
EDUCATION	Handled by _____
Schools Attended _____	Brass Monument _____
	Brass Nameplate _____
*Highest Level Attained _____	Flag Holders _____
	Flag Presentation: Display/Drape Casket? _____
	Present flag to whom? _____

In Regard to the Service of

Notes	*FAMILY CONTACT PERSON
	*Name
	*Full Address
	*Relationship to Deceased
	Primary Phone
	Phone 2
	Phone 3
	Email
	Fax
	*Contact's SSN#
	Notes
* Required Information For Legal Documents	
Reminders	TYPE OF TRIBUTE / CELEBRATION OF LIFE
What Picture for the Newspaper?	(See Also Page 3)
	Describe . . .
Headstone Engraving	
Temporary Marker	Special Readings or Scriptures
Display	
<input type="checkbox"/> Casket <input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Speakers other than Officiant _____

<input type="checkbox"/> Urn <input type="checkbox"/> Displayed on Table <input type="checkbox"/> Held in Safe	<input type="checkbox"/> Open Mike
<input type="checkbox"/> Tables for Memorabilia	
<input type="checkbox"/> Easels <input type="checkbox"/> Picture Boards/Frame	MEMORIALS
<input type="checkbox"/> Items Brought in by Family	<input type="checkbox"/> Organization _____
	<input type="checkbox"/> Family
<input type="checkbox"/> Photo Video to Be Played	CEMETERY
	(See Also Page 3)
	<input type="checkbox"/> Traditional Burial <input type="checkbox"/> Urn Burial
VISITATION	DISPOSITION OF CREMATED REMAINS
(See Also Page 3)	<input type="checkbox"/> Earth Burial <input type="checkbox"/> Return to Family <input type="checkbox"/> Scatter Ashes
	<input type="checkbox"/> Urn _____
<input type="checkbox"/> Public Sharing Time <input type="checkbox"/> With Officiant?	<input type="checkbox"/> Keepsake Containers _____
<input type="checkbox"/> Other Organizations _____	(small urns, jewelry, pendants, other)
	If Sharing, among whom? _____
<input type="checkbox"/> Play Photo Video	MILITARY SERVICES
	Flag Display <input type="checkbox"/> Triangle Folded <input type="checkbox"/> Draped on Casket
Background Music	
<input type="checkbox"/> Personal <input type="checkbox"/> From Rolands' CD Library	<input type="checkbox"/> Graveside Folding of Flag
	Presentation to _____
Coffee & Water will be Available	<input type="checkbox"/> Chaplain's Prayer
Refreshments?	<input type="checkbox"/> Gun Salute

SERVICE INFORMATION

SINGERS

1.	PHONE #:
2.	

MUSICIANS

1.	PHONE #:
2.	

ALTERNATE MUSICIANS

1.	PHONE #:
2.	

SONGS

1.	
2.	
3.	
4.	

CASKET BEARERS

1.	PHONE #:
2.	
3.	
4.	
5.	
6.	

ALTERNATE BEARERS

1.	PHONE #:
2.	
3.	

HONORARY BEARERS

1.	PHONE #:
2.	
3.	
4.	

FLOWER COMMITTEE

1.	PHONE #:
2.	
3.	
4.	

FOOD COMMITTEE

1.	PHONE #:
2.	

SERVICES:

Date		
Day		
Hour	a .m.	p.m.

Place of Service
<input type="checkbox"/> Traditional <input type="checkbox"/> Memorial
<input type="checkbox"/> Public <input type="checkbox"/> Private
<input type="checkbox"/> Other _____

Officiant
Officiant's Church

VISITATION

<input type="checkbox"/> Meet Public <input type="checkbox"/> Private Family Only
<input type="checkbox"/> Rosary <input type="checkbox"/> Prayer Service

Day
Date
Time
Background Music

***FINAL DISPOSITION**

*Cemetery/Crematory
*Location
Headstone Engraving
Temporary Marker
Grave No. Lot
Section Block
Lot Owner Purchase Date

LUNCHEON

To be held where?
___ Funeral Home
___ Church
___ Community Building
___ Other: _____

How many do you estimate?

PHOTO SLIDE SHOW VIDEO

Played at: <input type="checkbox"/> Visitation <input type="checkbox"/> Service <input type="checkbox"/> Lunch
25 Pictures FREE/Add'l \$1.50 Print & \$0.75 Digital
Slide Show DVD (Or Funeral Video) \$10.00 Add'l copy

NOTES

