

## **Arrangement Conference Guide**

The arrangement conference is a time to plan the details for your loved ones funeral service. It is very helpful to have the necessary information to help make these decisions. During this time we will set service times, gather death certificate information, talk about obituary information, select memorial options, and select necessary funeral merchandise. The intention of this guide is to help you prepare and alleviate some stress during the grieving process. Please, feel free to contact Bluffton Funeral Services with any additional questions. We thank you for trusting in Bluffton Funeral Services to care for your family.

### ***Items to bring to arrangements (If available):***

Recent Picture/Picture for obituary

Clothing & Undergarments

Jewelry

Glasses

Obituary Information (See Page 4)

Vital Statistic Information (See Page 3)

Insurance Policy (If Applicable)

Pictures for Memorial Video (optional)

Military Discharge Paperwork (DD214) (See Page 6)

## Personal Wishes

Place of Service: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Clergy/Officiant: \_\_\_\_\_

Place of Visitation: \_\_\_\_\_

Musical Selections: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Musicians: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Honorary Pallbearers: \_\_\_\_\_

\_\_\_\_\_

Lunch/Gathering: \_\_\_\_\_

\_\_\_\_\_

Additional Service Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Military Honors: \_\_\_\_\_

\_\_\_\_\_

## Vital Statistic Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_

Spouse Name (Maiden): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Name of Mother (Maiden): \_\_\_\_\_

Residence History:

City/State \_\_\_\_\_

Dates \_\_\_\_\_

## Obituary Information

Newspapers:    \_\_\_\_\_ Valley Times Newspaper    \_\_\_\_\_ Lagrange    \_\_\_\_\_ Lafayette  
\_\_\_\_\_ Columbus Ledger    \_\_\_\_\_ Opelika/Auburn    \_\_\_\_\_ Other

Schools Attended: \_\_\_\_\_  
\_\_\_\_\_

Places of Employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Memberships/Organizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies/Personal Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Family Record

Names of Children (Spouses)

Place of Residence

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Grandchildren: \_\_\_\_\_

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Great-Grandchildren: \_\_\_\_\_

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Brothers & Sisters (spouses): \_\_\_\_\_

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Preceded In Death by: \_\_\_\_\_

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## Cemetery Information

Name of Cemetery: \_\_\_\_\_

Cemetery Location: \_\_\_\_\_

Lot #: \_\_\_\_\_ Space #: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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## Veteran Information

**(The form DD214 is required to file for veteran benefits)**

Branch of Service: \_\_\_\_\_

Service Number: \_\_\_\_\_

Rank: \_\_\_\_\_

Dates of Service:

Date of Entry/ Place      Date of Discharge/Place