



650-726-4474
645 Kelly Avenue
Half Moon Bay, CA

Pre-planning Form

A Member of the Cypress Lawn Family

~ Information about the person completing this form ~

I am Planning For:

Last Name:

First Name:

Middle:

Street Address:

City:

State:

Zip:

County:

Phone:

E-mail:

~ Information about the person you are planning for ~

Last Name:

First Name:

Middle:

Gender:

Marital Status:

Social Security #:

Date of Birth:

Place of Birth:

Spouse's Full Name:

Spouse's Maiden Name:

Place of Marriage:

Date of Marriage:

Mother's Name:

Mother's Maiden Name:

Father's Name:

~ Work and Education ~

Education (Primary): College (1 – 5+):

Usual Occupation (most of life):

Kind of Business: Company:

~ Military Records ~

Branch of Service: Serial Number:

Date Enlisted: Rank at Discharge:

Date discharged: Discharge on file at:

Copy of discharge papers?:

Name of Wars:

~ Funeral Service Information ~

Place of Service (Choose one):

Name of Funeral Home:

Address: Phone:

Place of Visitation:

I prefer the funeral service to be:

Viewing for Family?: Viewing for Friends?:

Religious Denomination:

Place of Worship:

Lodge/Union:

~ Person(s) to Finalize Arrangements at Time of Death ~

Check here and skip this section if information is the same as person filling out this form

Full Name:

Street Address:

City:

State:

Zip:

Phone:

~ Special Instructions ~

Flower Preference:

Music:

Casket Bearers (6):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Jewelry:

Glasses:

Clothing:

Other:

~ Disposition Options ~

I prefer:

Cemetery:

Address:

Phone:

Section:

I have made a last will and testament:

~ Other Information and Special Instructions ~

Please list any other instructions or information you would like us to have:

~ Memorials & Charities ~

Please list any Memorials or Donations to Charity that you would like:

~ Contact Options ~

Send information about pre-arrangement

Contact me to set an appointment

Please keep my information on file