

HADLEY

Funeral Home



PERSONAL PLANNING AND RECORD GUIDE

www.hadleyfuneralhome.com
405 E. Benton Street
Windsor, Missouri 65360
660-647-2125
660-647-2124 (fax)



“Serving our
community
is a lifetime
commitment.”

*Bruce Hadley,
second-generation owner*

At Hadley Funeral Home we have a strong commitment to the people of our community . . . to provide outstanding service with compassion, respect, and care.

The information you record in this booklet will be of great value to you and your family in the future.

The days immediately following the death of a loved one can be a time of confusion and emotional stress. Important decisions must be made, and little time is available for reflection. Choosing to make funeral arrangements in advance of the need allows you to make your wishes known and gives your survivors a guide to follow.

This booklet enables you to record personal and family information that may pertain to planning your end-of-life service. Further, your family will have ready the answers to many questions they will be asked at that time. We suggest keeping this *Planning And Record Guide* in a safe, but accessible place (*not a safety deposit box*). Equally important is letting the appropriate person know it's location. You may wish to periodically review and update the information.

We welcome the opportunity to answer questions and to provide you with any further information you need to make informed and unhurried decisions. We invite you to call or stop by any time we can be of help.

Bruce and Sheila Hadley
funeral directors/owners



PERSONAL INFORMATION

Useful For Writing An Obituary

Name (public) _____
first middle (if desired) last

Name (legal) _____
first middle last

Residence
 Address _____ County of residence _____
 City/State/Zip _____ Inside city limits? Yes No
 Year you moved to this address _____ Formerly of _____

Date of Birth	Birthplace (City, State)	Social Security No.
----------------------	---------------------------------	----------------------------

Spouse
 Name (first, middle, last/maiden if wife) _____
 Place of marriage _____ Date of marriage _____
 If widowed, date of death of spouse _____
 Second spouse name (first, middle, last/maiden if wife) _____
 Place of marriage _____ Date of marriage _____
 If widowed, date of death of spouse _____

Occupation/Employment

Occupation/Title	Employer name	No. of years	Retired when
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Veteran Yes No
 War(s) _____ Branch _____
 Dates served _____
 Location of discharge - Form DD-214 (enclose photo copy) _____
 Honors received _____

Person Responsible for Making Funeral Arrangements
 Name _____ Phone _____ Alt. phone _____
 Address _____ City/state/zip _____
 E-mail address _____ Other information _____



FAMILY RECORD

Others You Want To Mention

Additional Family Members or Close Friends

Additional Family Members or Close Friends who have preceded you in death



PERSONAL INFORMATION

How You Made A Difference

Education

- High school thru grade _____ at (school name) _____
- College (number of years) _____ at (college/university name) _____
- Obtained degree in _____ from _____

Notes: _____

Church

Special Interests/Hobbies

Clubs/Organizations/Offices held/Achievements



LIFE CELEBRATION

About My Service

Service

Place of Service (*funeral home, church, cemetery, other*) _____

Location (*city, state*) _____

Minister/speaker _____ Contact information _____

Assisting _____ Contact information _____

Notes _____

Visitation

Place of visitation (*funeral home, church, other*) _____

Notes _____

Music

Organist/pianist/other _____

Vocalist(s) _____

Songs/recordings _____

Final Resting Place

Burial

Name of cemetery _____

City/state _____

Grave location/lot number if known _____

Notes _____

Cremation

Disposition of cremated remains (*cemetery, other*) _____

Notes _____

Casket Bearers	Honorary Casket Bearers
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Memorial Fund

Name of organization(s) _____



LIFE CELEBRATION

Your Preferences

Other Preferences and Instructions

Casket (if applicable)

Metal (color preference) _____ Hardwood (wood preference) _____ Family Preference

Urn (if applicable)

Metal (color preference) _____ Hardwood (wood preference) _____ Family Preference

Marble (color preference) _____ Cloisnee (color preference) _____ Other

Vault (if applicable)

Concrete Metal Family Preference

Clothing selection _____

Wedding ring

Stays on Return to _____

Jewelry

Stays on Return to _____

Pictures

Memorial Folder Photo Tribute on DVD Other _____

Flower preferences _____

Military (if applicable)

Flag Present? Yes No

If yes, folded at head of casket or drape casket

Military Honors at Cemetery:

Rifle squad Taps Flag folding presentation

Other organization(s) to participate in ceremony _____

Favorite reading/scripture/poems (enclose copies if appropriate)
