

**Woodlawn Funeral Home  
Service Information Form**

**Visitation Info**

Visitation Location \_\_\_\_\_

Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

**Funeral/Memorial Info**

Service Location \_\_\_\_\_

Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Clergy/Celebrant Name \_\_\_\_\_ Phone \_\_\_\_\_

Military Honors Requested? \_\_\_\_\_

Public Viewing with Opened Casket ? \_\_\_\_\_

**Interment Info**

Interment Location \_\_\_\_\_

Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Private Interment? \_\_\_\_\_

**Reception Info**

Reception Location \_\_\_\_\_

Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Private Reception? \_\_\_\_\_

**Cosmetic Instructions**

Lipstick \_\_\_\_\_ Nails \_\_\_\_\_ Facial Hair \_\_\_\_\_

Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Private Reception? \_\_\_\_\_

**Obituary Info**

Preceded in death by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Survived by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Memorial donations in lieu of flowers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Songs Requested (3-4 Songs recommended) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Life Insurance Info**

Insurance Company \_\_\_\_\_  
Policy No. \_\_\_\_\_ Date Policy Issued \_\_\_\_\_ Face Value \$ \_\_\_\_\_

**Beneficiary Info**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ DOB \_\_\_\_\_ Social Security No. \_\_\_\_\_