

Pre-Planning



123 East Las Animas Street
Colorado Springs, Colorado 80903

719-475-0583

www.returntonaturecolorado.com

Thank You for entrusting us with your future arrangements. Our family's first priority is ensuring that you and your loved ones receive impeccable care from us. We understand how important this moment will be; that's why we're dedicated to making sure you receive nothing less than the highest level of professionalism, empathy and discretion from us, always.

This packet contains the information we need from you for the **Pre-Planning** process. Please fill it out as completely as you can. This file is secure and private; we'll keep it safe until the day it's needed.

NOT a legally binding document

Pre-Planning Information Sheet

Your memorial should be exactly as you want it to be, reflecting who you are and how you wish to be remembered. It can be elaborate or simple, classic or creative. This is the final act of your life and the first step on your family's journey to healing.

Remember, these questions are just the basic information we need; this event doesn't have to follow a template. If you have an idea, let us know. We'll do our very best to make it happen for you. This is your day.

PLEASE CHECK THE APPLICABLE BOXES

- I would like to have a funeral service followed by burial / entombment at: _____
- I would like to have a full funeral service followed by cremation
- I would like to have a memorial service without my body present
- I would like to have a GREEN BURIAL
- I would like to be viewed by family and close friends before my funeral / memorial service but not be present at the service
- I would like to have a Direct Cremation, No Service
- I would like to have a scheduled visitation before my service
- I would like to have viewing for ONLY my immediate family
- I would like to have NO viewing by anyone whatsoever
- I would like to wear: _____

which is located: _____

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Identify personal touches you'd like at the service...

- I would like my funeral or memorial service to be held at the following location: _____

- If the above location is not available, my second choice is _____

- The person I would like to officiate my service is _____

- If the above person is not available, my second choice is _____

- I would like the following to serve as Pallbearers:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

- I would like the following to serve as Honorary Pallbearers:
 1. _____
 2. _____
 3. _____
 4. _____

- I would like the following people to deliver prayers, poems, or other readings:

1. _____
2. _____
3. _____

- The readings I would like them to deliver are:

Title	Author/Source
1. _____	_____
2. _____	_____
3. _____	_____

- I would like the following songs, hymns, or pieces of music to be played:

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

- I want to be sure that the following groups, organizations, and clubs will be notified of and invited to my funeral or memorial service (such as veterans' groups, alumni associations, sports or hobby clubs, etc.):

Name of Group/Primary Contact	Contact Number
1. _____	_____
2. _____	_____
3. _____	_____

- I want to be sure that the following people, whom my family may not know, will be notified of and invited to my funeral or memorial service:

Name	Contact Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

Specific Instructions (please continue on the back if necessary):

Certified Copies of the Death Certificates

In the State of Colorado the original death certificate is filed with the County where the death occurred. While certified copies of the death certificate may be ordered at any time, we suggest you order a sufficient number at the time funeral arrangements are made. **The charge by the State of Colorado is \$20.00 for the first copy and \$13.00 for each one thereafter.**

For Veterans, one copy is provided FREE of charge, with a copy of military discharge paperwork provided to the Funeral Home.

The Funeral Home takes ZERO cut, portion or percentage of the Certified Death Certificate cost. What the state charges us is exactly what we charge you.

If applicable, you will need certified copies of the death certificate for:

- | | |
|---|---|
| <input type="checkbox"/> Life Insurance (1 per company) | <input type="checkbox"/> Transfer of Stocks/Bonds (1 ea.) |
| <input type="checkbox"/> Filing of Income Taxes | <input type="checkbox"/> Veterans Administration Benefits |
| <input type="checkbox"/> Union Benefits | <input type="checkbox"/> Transfer of Bank Accounts (all) |
| <input type="checkbox"/> Insured Loans/Credit Card Accts. | <input type="checkbox"/> Credit Union Accounts |
| <input type="checkbox"/> Transfer of Real Estate | <input type="checkbox"/> Transfer of Titles (auto) |
| <input type="checkbox"/> Entry to Safety Deposit | <input type="checkbox"/> Mortgage Insurance |

TOTAL number of Certified Copies: # _____

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REQUIRED - Death Certificate Information

Questions 1 - 16 pertain ONLY to the Deceased

1. Deceased Full Name:

2. Address, City, State & Zip: _____

3. Lived inside City limits: Yes _____ No _____

4. Gender MALE or FEMALE

5. Race: _____ if Hispanic origin specify _____

Cuban ___ Puerto Rican ___ Mexican ___

6. Social Security # _____

7. Date of Birth: _____

8. Birthplace: City & State: _____

9. Occupation / Job Title: _____ **DO NOT use retired**

10. Kind of business / Industry: _____

11. Marital Status – (check one)

Married _____ Widowed _____ Divorced _____ Never Married _____

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12. Spouse Name (if wife give **maiden name**) _____
even if widowed

13. TOTAL number of years of education completed
(including college/trade school) _____

PLEASE CIRCLE: Some College - Associates - Bachelors - Masters - Doctorate

14. Father's FULL Name:

15. Mother's FULL Name include **Maiden Name**:

16. Veteran: Yes ___ No ___ Branch of Service _____

We need a copy of the form DD-214 (discharge paperwork) to receive a flag
and/or ANY other United States military burial benefits

- Legal Next of Kin INFORMATION -

17. LEGAL Next of Kin FULL NAME: _____

18. Next of Kin's address, City, State and phone:
Address: _____

Phone: _____
Email: _____

I, _____ certify that the above information
that I have provided is true and accurate to the best of my knowledge.

This _____ day of _____ 20____

OBITUARY - ONLY provide the information you would like published

FULL Name _____ Age _____

City of Residence _____ Amount of time living there _____

Date of Birth _____ City of Birth _____

Parents' names (including mother's maiden name)

Education _____

Degrees _____ Honors _____

Awards _____ Titles _____

Military Service (including rank and war served in, if any, and where stationed)

Marriage(s)

Professional licenses held

Employment history

Memorial Funds or other requests (we'll provide the addresses)

Miscellaneous information, including thanking caregivers, etc.
