~ Pre-Planning ~

Return to Nature Funeral Home

Colorado Springs - Penrose, Colorado

Thank You for entrusting our family owned Funeral Home with your future arrangements. Our staff is dedicated to the highest level of professionalism, empathy & discretion.

Please answer the applicable questions and return this booklet to the Funeral Home as soon as possible. YOUR secure file will remain in a safe place until the day this information is needed.

YOUR Family will Thank YOU for proving this information NOW

YOU make YOUR OWN decisions about the type of Services & Events YOU would like to take place...

NOT a legally binding document
Please circle one: Burial or Cremation

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 at: __________________________________________________________

☐ 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 Cremation for everyone

☐ I would like to have visitation for ONLY my immediate family

☐ I would like to have NO viewing by anyone whatsoever

☐ I would like to wear: ________________________________________________

which is located: ________________________________________________
Specific Instructions:

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:

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<tr>
<th>Title</th>
<th>Author/Source</th>
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• 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.):

NOT a legally binding document
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Number</th>
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These are my wishes as of this ____ day of ______________________ in the 20_____

_________________________________

Printed Name

_________________________________

Signature

NOT a legally binding document
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:

- Life Insurance (1 per company)
- Filing of Income Taxes
- Union – Retirement Benefits
- Loan Cancellation
- Transfer of Real Estate / Property
- Entry to Safety Deposit
- Transfer of Stocks/Bonds (1 ea.)
- Bank Accounts (1 per bank)
- Transfer of Titles
- Cell Phone Accounts
- Transfer of Ownership
- Credit Card Accounts

**Estimate - TOTAL number of Certified Copies: #_______**
REQUIRED - Death Certificate Information

Questions 1 - 16 pertain ONLY to YOU

Questions 17 & 18 Please list your Next of Kin or the person who will be legally responsible for your estate. If you do not have someone to list please visit with your Funeral Director for further options.

1. Your Full Name:
   __________________________________________________________

2. Address, City, State & Zip: _____________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Do you live inside the 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: _______________________________________

   Where Did They Work

   NOT a legally binding document
11. TOTAL number of years of education completed
   (including college/trade school) ________________

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

12. Father’s FULL Name:
    ___________________________________________________________________

13. Mother’s FULL Name include Maiden Name:
    ___________________________________________________________________

14. 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

15. Marital Status – (check one)
    Married _____ Widowed _____ Divorced _____ Never Married _____

16. IF MARRIED - Spouse Name - if wife please give maiden name
    ___________________________________________________________________
    - even if widowed

   - 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 about myself is true and accurate to the best of my
    knowledge.  This _____ day of _______________20____

    NOT a legally binding document
Online Tribute / Obituary Information

YOU CAN also provide this information on our website
www.returntonaturecolorado.com & Click on the Typewriter

First Name: _________________________________________
Middle Name: _________________________________________
Last Name: _________________________________________
Other Names: _________________________________________

Date of Birth: __________________ Place of Birth: __________________
Date of Death: _______ ________ Place of Death: __________________
City of Residence _______________________ Amount of time living there ______

Fathers FULL Name: _________________________________________
Mothers FULL Name: _________________________________________

Grew Up Where: _________________________________________
_________________________________________________________
_________________________________________________________

High School: ______________________________

College: ______________________________

Additional Education: _______________________________________

Degrees __________________ Honors __________________

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

_________________________________________________________

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Career History:

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Memberships in civic and fraternal organizations and clubs (including offices held)

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Church - Religious affiliations

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Hobbies and other activities

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Favorite Music ______________________________

Marriage(s)

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Met Where: ________________________________________________________

___________________________________________________________________

___________________________________________________________________

Date of Marriage: ___________________________________________________

___________________________________________________________________

___________________________________________________________________

NOT a legally binding document
Funny or Interesting Stories:

________________________________________________________

________________________________________________________

________________________________________________________

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Survivors and city and state where they live in the following order: spouse, children, grandchildren, great-grandchildren (and so on), parents, grandparents, brothers, sisters, nephews, nieces, cousins, friends

________________________________________________________

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NOT a legally binding document
Family and friends previously deceased:

__________________________________________________________  
__________________________________________________________  
__________________________________________________________  
__________________________________________________________  
__________________________________________________________  
__________________________________________________________  
__________________________________________________________  

Memorial Funds or other requests: Just the name, we’ll provide the addresses

__________________________________________________________  
__________________________________________________________  
__________________________________________________________  

Miscellaneous information, including thanking caregivers, etc.

__________________________________________________________  
__________________________________________________________  
__________________________________________________________  

PLEASE email us 3 to 5 pictures: rtncolorado@gmail.com
Identify ONE of those pictures as the MAIN photo

Your Email Address Please:

__________________________________________________________  

All of this information we be placed safely into our secure fireproof cabinet until the day it is needed.

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