

~ 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...

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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:

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

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

1. _____
2. _____
3. _____
4. _____
5. _____
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

These are my wishes as of this _____ day of
_____ in the 20_____

Printed Name

Signature

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)

____ Transfer of Stocks/Bonds (1 ea.)

____ Filing of Income Taxes

____ Bank Accounts (1 per bank)

____ Union – Retirement Benefits

____ Transfer of Titles

____ Loan Cancellation

____ Cell Phone Accounts

____ Transfer of Real Estate / Property

____ Transfer of Ownership

____ Entry to Safety Deposit

____ Credit Card Accounts

Estimate - TOTAL number of Certified Copies: # _____

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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

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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___

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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:

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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