Name _____
Phone # _____
Address _____
City, State, & Zip_____

Baker ~ Swan FUNERAL HOME
P. O. Box 804
Andover, NY 14806
607-478-8740

PRE-ARRANGEMENT QUESTIONNAIRE

Birth Date: _____City, state of birth:_____
SS # _____Ethnicity _____Hispanic Type_____
Education: Years of school _____ HS Graduate Yes/No Some College Yes/No
High School of Graduation _____Year_____
College(s)/Degree(s): _____
_____
_____
Veteran: Y/N Years of Service_____Branch_____
Rank_____Medals/Theater_____
Please provide DD-214 to apply for military honors.
Marital Status_____ Spouse Maiden _____Marriage Date __/___/___
Spouse Death __/___/___
Work History:
Occupation _____Industry Type_____Years_____
Business Name_____ Locality _____
Titles _____Date Retired_____
Other Employment_____
_____

Relatives: Spouse, Children, Parents, Siblings, Grandparents, Grand-children (Use additional sheet if required.)

Deceased	Name (& Spouse)	Relationship	City & State
__D__	_John Someone _____	_Father____	Provided for example, NY_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____

Grandchildren#_____Great-grand#_____Great-great-grand#_____
(Names can be listed if desired – use second sheet as needed)
Aunts & Uncles Yes/No Nieces & Nephews Yes/No

Hobbies & Activities_____
_____
Church Affiliation_____
Memberships_____
_____
_____

Cemetery chosen: _____
Location_____

Calling Hours: _____

Services: _____

Memorial Contributions: _____

Below, please list any special memories, tributes, or achievements.

_____
_____
_____
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_____

OTHER:

_____
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_____