

# Preparing for the Arrangement Conference...

On behalf of the staff at Morris-Baker Funeral Home, please accept our most sincere sympathy for your loss. We understand this might be the most difficult time your family has gone through, and strive to make it as smooth as possible. Please know we stand ready to serve your family.

The funeral planning process is often unfamiliar to those we serve. We share the following information knowing that many have benefited from having it. Our hope is that it eases your experience and prepares you for the immediate road ahead.



## Arrangement Conference

The arrangement conference will be held with your funeral director and usually follows a common agenda:

- *Time for introductions and answering any immediate questions*
- *Your funeral director will gather information for the death certificate and obituary*
- *You will select the professional services and ceremony you desire*
- *You will select the items necessary for the service such as casket, urn, etc.*
- *Along with third party charges, such as death certificates, obituaries, permits, etc., your funeral director will bring all your selections together in the form of a contract*
- *You will select an option from our payment policy to pay for the services you selected*
- *Your funeral director will review your selections and bring the meeting to a close*

## What to Bring to the Arrangement Conference

The following information and items are commonly needed at the arrangement conference.

- Family member names for the obituary
- Full names of the deceased's parents
- Social Security number
- Military discharge documents (Form DD-214)
- Photo for obituary
- Clothing and undergarments
- Life insurance documents or other form of payment

## What You Can Do to Prepare for the Arrangement Conference

Many appreciate the opportunity to prepare the biographical and obituary information prior to the arrangement conference. This is purely optional, but many families value the opportunity. If you would like to prepare either, our biographical information form follows this document as well as our obituary guide.



# Biographical Information

<b>DECEDENT</b>	1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)				2. SEX	3. DATE OF DEATH (Month, Day, Year)	
	4. TIME OF DEATH (Approx.)	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months    Days	5c. UNDER 1 DAY Hours    Minutes	6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)
<b>TYPE/PRINT IN PERMANENT BLACK INK</b>	8a. PLACE OF DEATH (Check only one)						
	IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify) _____			
	8b. FACILITY NAME (If not institution, give street and number)			8c. CITY OR TOWN		8d. COUNTY OF DEATH	
	9. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			10. SURVIVING SPOUSE (If wife, give name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
	12. SOCIAL SECURITY NUMBER		13a. RESIDENCE-STATE OR FOREIGN COUNTRY		13b. COUNTY	13c. CITY OR TOWN	
	13d. STREET AND NUMBER			13e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th – 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown			16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unknown		17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown	
	18. FATHER'S NAME (First, Middle, Last)				19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
	20a. INFORMANT'S NAME		20b. RELATIONSHIP TO DECEDENT		20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		
	21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		21c. LOCATION - City or Town and State		
22a. SIGNATURE OF FUNERAL DIRECTOR		22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER		22d. LICENSE NUMBER		

Informant Telephone \_\_\_\_\_ Informant Email \_\_\_\_\_

Attending Physician \_\_\_\_\_ DC Copies \_\_\_\_\_

## Family Record

Education \_\_\_\_\_ Military Background \_\_\_\_\_

Work History \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Civic Involvement \_\_\_\_\_

Deceased Relatives \_\_\_\_\_

Surviving Relatives \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Newspaper(s) for Obit \_\_\_\_\_

Memorial Contributions \_\_\_\_\_

# Obituary Writing Guide

Writing an obituary can be a difficult but rewarding task. First, you will need to gather information from family and friends of the deceased about their childhood, education, career and hobbies and interests. As well, get any important information on the date, time and location of any funeral service, or other funeral related events from Morris-Baker. Using the template will help make the process easier and will ensure you write a properly structured obituary.



**Introduction Paragraph:** The who, what, when, where...” of the obituary.

Name, age, city, state, died (or other verb) day, date, location, and cause of death (if desired).

John D. Doe, 85, Mountain City, passed away peacefully Wednesday, October 30, 2013 at his home following a lengthy illness.

**Typical Paragraph Topics:** Normally these are ordered as they happened.

- Place of birth, last city of residence and other places the deceased has lived
- Education
- Military background
- Work history
- Church affiliation
- Volunteer services, memberships, awards and honors, hobbies and interests
- Deceased relatives
- Surviving relatives
- Funeral arrangements
- Request for memorial donations, along with mailing addresses

**Funeral Arrangements:** Answer “who, what, when and where” for each element. Present them in the order they are to occur.

The family of John Doe will receive friends from 6:00pm until 8:00pm Wednesday, November 13, 2013 in the Morris Baker South Chapel. The funeral service will follow at 8:00pm with Rev. John Smith officiating. Pallbearers will be: Al Smith, Ben Smith, Chris Smith, Dean Smith, Ed Smith and Fred Smith. Family and friends are asked to meet at the funeral home by 9:30am Thursday to go in procession to Monte Vista Memorial Park for 10:00am graveside services.

**Closing Lines:** Inform the reader who to contact for more information. *Please use this language specifically.*

Memories and condolences may be shared with the family via [www.morrisbaker.com](http://www.morrisbaker.com)

Morris-Baker Funeral Home and Cremation Services,  
2001 E. Oakland Ave., Johnson City, is serving the Doe family.  
(423) 282-1521.

