

Robert J. Prout, Senior Director
N.J. Lic. No. 3371

Julia R. Prout, Director
N.J. Lic. No. 5228



9 Smull Avenue
Caldwell, NJ 07006
973-226-1166
dancyfuneralhome.com

PLANNING CHECKLIST

A helpful worksheet to record details, preferences, and documents so your family doesn't have to guess later.

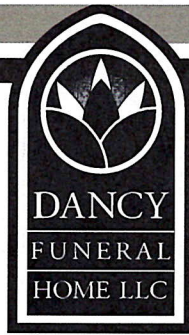
Tip: You can complete only the parts you're ready for. Bring this to your appointment or upload the information securely via our online Planning Form at dancyfuneralhome.com.

(1) Vital Statistics (for the death certificate)

- ☐ Full Legal Name: _____
- ☐ Also Known As: _____
- ☐ Gender: _____
- ☐ Social Security Number: _____
- ☐ Birth Date: _____
- ☐ Place of Birth (City, State, Country): _____
- ☐ Legal Address: _____
- ☐ County of Residence: _____
- ☐ Domestic Status: ☐ Never Married ☐ Married ☐ Divorced ☐ Widowed
- ☐ Name of Surviving Spouse (name given at birth or on birth certificate): _____
- ☐ Father's Name: _____
- ☐ Mother's Name, Maiden Name: _____
- ☐ Race: _____
- ☐ Of Hispanic Origin? ☐ No ☐ Yes: _____
Country of Origin: _____
- ☐ Highest Level of Education: ☐ 8th or less ☐ 9-12 (no diploma) ☐ HS/GED
☐ Some College ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate

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☐ Occupation/ Job Title (for most of life): _____

☐ Industry: _____

☐ Name of Last Employer: _____

☐ City/ State of Last Employer: _____

Director note: These items are required by the State of New Jersey to complete the death certificate.

(2) Person in Charge of Funeral Arrangements

☐ Name: _____

☐ Relationship: _____

☐ Primary Phone: _____

☐ Email: _____

☐ Mailing Address: _____

☐ Alternate/ Co-Agent (optional): _____

If multiple next of kin share the legal right to control, please list each name and best contact number. If a funeral agent has been appointed, please include copies of the paperwork appointing them the funeral agent.

(3) Physician / Care Information

☐ Primary Care / Attending Physician: _____

☐ Phone: _____

☐ Place of Death (if known) ☐ Home ☐ Hospital ☐ Nursing/Assisted Living
☐ Hospice

☐ Facility Name/Address: _____

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(4) Veteran Information (if applicable)

☐ **Discharge Papers (DD-214) Available?** ☐ Yes ☐ No

☐ **Location:** _____

☐ **Branch:** _____

☐ **Rank:** _____

☐ **Date of Enlistment:** _____

☐ **Date of Discharge:** _____

☐ **Wars/Conflicts/Theaters:** _____

☐ **Service Number:** _____

☐ **Would you like Military Honors?** ☐ Yes ☐ No ☐ Unsure

(5) Affiliations & Biographical Details (for obituary/tributes)

☐ **Religious faith/house of worship:** _____

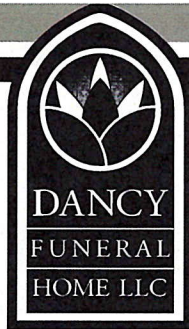
☐ **Fraternal/Union/Service memberships:** _____

☐ **Awards or special recognitions:** _____

☐ **Education (schools, degrees, years):** _____

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☐ Career highlights/previous roles: _____

☐ Clubs, hobbies, interests: _____

☐ Community/volunteer work: _____

☐ Family Listing (number as you'd like names to appear):

☐ Spouse/Partner: _____

Date of Marriage: _____

Place of Marriage: _____

☐ Children (and inlaws): _____

☐ Grandchildren/Great-grandchildren: _____

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☐ **Parents:** _____

☐ **Siblings:** _____

☐ **Others to include (in-laws, nieces/nephews, pets, dear friends):** _____

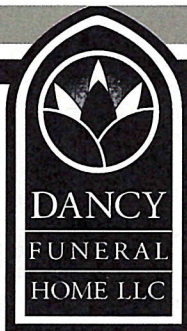
☐ **Predeceased by:** _____

☐ **Former places of residence and years:** _____

☐ **In lieu of flowers, memorial donations to:** _____

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(6) People to Notify

Helps your next of kin; include phone/ email if possible

☐ **Immediate family:** _____

☐ **Extended Family:** _____

☐ **Close friends and Neighbors:** _____

☐ **Workplace/ Union Contacts:** _____

☐ **Club/ Organization Contacts:** _____

☐ **Clergy/ Celebrant Contact(s):** _____

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(7) Funeral and Service Preferences

☐ **Type of Service:** ☐ Funeral ☐ Memorial ☐ Celebration of Life
☐ Graveside Only ☐ No Service

☐ **Location:** ☐ Dancy Funeral Home ☐ Church/House of Worship ☐ Other:

☐ **Clergy/ Officiant/ Celebrant:** _____

☐ **Visitation/ Viewing:** ☐ Public ☐ Private ☐ None

☐ **Pallbearers (4-6 if applicable):** _____

☐ **Music (hymns/ songs/ genres):**

☐ **Readings (Scriptures/ poems):** _____

☐ **Preferred Clothing/ Accessories:** _____

☐ **Reception/ Repast:** _____

☐ **Other Special Instructions:** _____

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(8) Final Disposition

☐ **Choice:** ☐ Burial ☐ Cremation ☐ Entombment ☐ Natural/Green Burial

☐ **Cemetery/ Location:** _____

☐ **Grave/ Section/ Plot Location:** _____

☐ **Scattering Preferences (if any):** _____

☐ **Container:** ☐ Casket ☐ Urn ☐ Vault/Grave Liner ☐ Alt. Container

☐ **Marker/ Monument Preferences:** _____

(9) Pre-Funding (Optional)

☐ **NJ Prepaid Funeral Trust:** ☐ Not started ☐ Revocable opened
☐ Converted to irrevocable (as applicable)

☐ **Account Number:** _____

☐ **Life Insurance to be used?** ☐ Yes ☐ No

☐ **Company:** _____

☐ **Policy Number:** _____

☐ **Beneficiary:** _____

☐ **Other Arrangements/ Notes:** _____

(10) Documents & Digital Assets (for next of kin)

☐ **Will/ Executor:** _____

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☐ Location: _____

☐ Power of Attorney: _____

☐ Location: _____

☐ Medical Power of Attorney/ Healthcare Proxy: _____

☐ Location: _____

☐ Medical Directive/ Living Will: _____

☐ Location: _____

☐ DD-214/ Service Records Location: _____

☐ Cemetery Deed Location: _____

☐ Insurance Policies Location: _____

☐ Bank/ Investment Contacts: _____

☐ List of usernames/ accounts to close or memorialize: _____

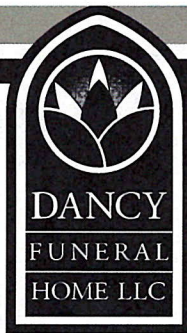
☐ Password manager master key (location and instructions): _____

☐ Household keys/ codes: _____

☐ Subscriptions to cancel: _____

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(11) Emergency Quick Sheet

(1-page summary to keep with this packet)

- **Primary Next-of-Kin/Agent** _____ **Phone** _____
- **Secondary Contact** _____ **Phone** _____
- **Preferred Funeral Home: Dancy Funeral Home — (973) 226-1166**
- **Clergy/Officiant** _____ **Phone** _____
- **Cemetery/Disposition Preference** _____
- **Physician/Hospice** _____ **Phone** _____

NOTES

Privacy & Guidance

This worksheet is a convenience for families and is not legal advice. If you are applying for Medicaid or have estate questions, please consult an elder-law attorney. Bring only what you're comfortable sharing; we will review and complete any required information together.