



We have found this resource kit to be a useful tool. The pages in this resource kit can be used at the time of need or can also be used if you are looking to pre-plan a funeral for yourself or a loved one. The following pages contain:

- Funeral Planning Checklist
- Family Worksheet
- Obituary Worksheet
- “Why We Need Death Certificates”
- Release and Embalming Authorization
- Release Authorization with NO Embalming
- Cremation Authorization

The funeral planning checklist, family worksheet and obituary worksheet are all great tools to help you gather much needed information before the arrangement conference at the funeral home.

If you have any questions or need to contact us for any reason, you can reach us by phone at (708) 447-2500 or by email:

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Funeral Planning Checklist

Recording Personal Information (See Funeral Information Sheet)

- Full legal name
- Residence
- Date of birth
- Place of birth
- Citizenship
- Occupation
- Business or industry
- Marital status
- Spouse's full name
- Father's name
- Mother's maiden name
- Next of kin / Executor's full name
- Next of kin's address
- Next of kin's relationship
- Doctor's name & address

Making Service Choices

- Choose a funeral home
- Choose a cemetery
- Set time & date of service
- Choose location of service
- Choose burial or cremation
- Request preparation and embalming
- Choose family viewing or visitation
- Decide if jewelry is to remain or return
- Supply clothing for deceased
- Select photographs to be displayed
- Select musical selections, hymns & solos
- Select scripture or literature to be read
- Choose charity to direct donations to
- Arrange location for funeral luncheon

Making Specific Selections (These decisions will be made at the funeral home during arrangements)

- Select casket or cremation container
- Select burial vault or cremation urn
- Select memorial grave marker & inscription
- Select prayer cards & acknowledgment cards
- Select floral arrangements

Documents to Locate

- Will
- Deed to cemetery plot
- Birth certificate
- Marriage certificate
- Insurance policies
- Bank documents
- Title to property
- Vehicle ownership
- Tax returns
- Military discharge papers (Form DD-214)

People to Contact

- Extended family/ friends
- Doctor
- Accountant
- Lawyer
- Employer
- Insurance agent
- Creditors
- Clubs, unions & organizations
- Financial advisor / banker

Pay for the Following Services

- Funeral service
- Cemetery plot, perpetual care & interment fees
- Grave memorial, inscription & installation
- Funeral luncheon

Please note:

The preceding list is only a guideline; actual arrangements will be unique to each individual.

FAMILY WORKSHEET

Legal Name of Deceased: _____
(include Middle Name or Initial)

Address: _____

Formerly of: _____

Sex (circle one): Male or Female

Date of Birth: _____

Birthplace (City and State OR Foreign Country):

Social Security Number: _____

Marital Status (Circle one):

Married Never Married Widowed Divorced

Name of Spouse (Living OR deceased-MAIDEN name of wife):

Father's name:

Mother's name (First name & MAIDEN name):

Education – Highest grade completed: _____

Please list occupation during lifetime, DO NOT use retired

Occupation: _____

Kind of business or industry: _____

Religion: _____

Church Affiliation: _____

Clubs/organizations: _____

Hobbies: _____

Cemetery Name: _____

Location of Grave/Crypt: _____

Ever in the Armed Forces (Circle one): Yes or No

IF YES, PLEASE ATTACH A COPY OF YOUR DISCHARGE FORM (DD 214)

Which war: _____

Branch: _____ Rank: _____

Service number: _____

Entered Service (Date and place):

Separated Service (Date and place):

Military Honors (Circle one): Yes or No

Person in charge of funeral arrangements:

Name: _____

Address: _____

Phone #: _____

Email Address: _____

Please bring the following items:

*Picture of the deceased (past 2 years for preparation)

*List of survivors for death notice, if applicable

*Photos for Photo Memorial DVD

(A memorial DVD is provided by the funeral home at NO CHARGE)

*Rosary

*Clothing:

Men

Suit

Shirt

Underclothes

Socks

Tie

Shoes or Slippers

Dentures

Glasses

Women

Dress

(High collar/long sleeves)

Underclothes

Hose

Shoes or Slippers

Dentures

Glasses

Jewelry



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FOR DEATH NOTICE INFORMATION, SEE BACK>>>>>>>

OBITUARY WORKSHEET

NEE

(First and Last Name)

(Maiden Name)

BELOVED

WIFE
HUSBAND

OF

(If wife, please include maiden name)

LOVING

MOTHER
FATHER

OF

(Oldest to youngest, including spouses and last names)

CHERISHED

GRANDMOTHER
GRANDFATHER

OF

(Oldest to youngest, including spouses and last names (if desired))

GREAT

GRANDMOTHER
GRANDFATHER

OF

(Oldest to youngest, including spouses and last names (if desired))

DEAR

SISTER
BROTHER

OF

(Oldest to youngest, including spouses and last names (if desired))

FOND

AUNT
UNCLE

OF

(Oldest to youngest, including spouses and last names (if desired))

MEMORIAL CONTRIBUTIONS TO

_____ WOULD BE APPRECIATED.

_____ Chicago Sun-Times

_____ Chicago Tribune

Mon. _____ Tues. _____ Wednesday _____ Thursday _____ Friday _____ Sat. _____ Sunday _____

Date/s _____

Why We Need Death Certificates

From experience, we have determined that you may need certified copies of the death certificate for the following purposes:

- Life Insurance** (1 for each insurance company, regardless of the number of policies)
- Banks** (1 for each bank, particularly if the account is in the deceased's name only)
- Stocks** (1 per company, if held individually or jointly. If held by a broker, 1 for each broker)
- Bonds** (1 for each U.S. Savings Bond. Bonds can be re-issued to new co-owners. If you have corporate bonds, you will need 1 per company)
- Real Estate** (1 for each county in which property is owned)
- Secretary of State** (1 certified copy may be used for automobile, boat and/or mobile home)
- IRAs / Individual Retirement Accounts** (1 for each financial institution where funds are maintained)
- CDs / Certificate of Deposit** (1 for each financial institution where funds are maintained)
- Pension** (1 per pension fund)
- Health Insurance** (1 if insurance is provided by an employer)
- Current/Vacation Pay** (1 if the deceased was still actively employed)
- 401K / 403B / Retirement Plans** (1 for each depository)
- Federal Income Tax** (1)
- State Income Tax** (1)
- Local Income Tax** (1)
- Probate** (If there is to be a probate of the estate, you will need at least 5 certified copies)

Should you require additional certified copied of the death certificate, please call us and we will be happy to obtain them for you.



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Authorization for Release and Embalming

The undersigned hereby authorize _____ (*Name of Institution or Person*) to release the body of _____ (*Deceased*) to _____ (*Name of Funeral Home*) or its agents and authorize said funeral home and/or its agents to care for, embalm and otherwise prepare said body for burial and/or other disposition.

I (we) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

Signature

Relationship to Deceased

Signature

Relationship to Deceased

Signature

Relationship to Deceased

Witness

Date

Authorization for Removal and Disposition Without Embalming

The undersigned hereby direct and authorize the _____ (*Funeral Home*) and/or its agents, to remove and take possession of the body of _____ (*Deceased*) and to provide the final disposition of said body by () earth burial, () entombment, () cremation, () burial at sea, () other _____. We direct that there be no embalming or other preparation or care of the body. The undersigned also wish hereby to indicate the desire (not to have) (to have) rites/ceremonies with the casketed body present.

The undersigned do further state that they (have) (have not) identified the body of the above named decedent and assume all responsibility and/or liability for mistaken identity.

The undersigned do hereby agree to indemnify and hold harmless the above named funeral home, its officers, agents and employees from any claims or causes of action, including a reasonable attorney's fee for the defense thereof arising out of their act of identification or failure to identify, or arising out of their decision not to embalm, or arising out of any other decision indicated by this agreement which may result in mental or physical distress or anguish or harm or financial loss to themselves or to others.

Signature

Relationship to Deceased

Signature

Relationship to Deceased

Signature

Relationship to Deceased

Witness

Date

