



Trimble Funeral Home & Crematory
701 12th Street, Moline, Illinois 61265
309-764-1144



Trimble Funeral Home
1700 First Street, Coal Valley, Illinois 61240
309-799-7474



TrimbleFH@TrimbleGroup.com
TrimbleFuneralHomes.com

ESSENTIAL INFORMATION FORM AND CELEBRATION PLANNER

Trimble Funeral Home & Crematory provides this form for your use in recording essential information and leaving suggestions for your family.

Some of the information is for obituary purposes, other information is necessary for estate purposes. Feel free to complete as much or as little of the form as you are comfortable doing. Ignore any sections that are not relevant to you.

Toward the end of this planner, we have listed a variety of things that we have found to be important for families to remember when they make funeral arrangements. The more responsive you are in this area, the greater assistance you will give your family as they plan a funeral or memorial personalized for you and celebrating your life.

Once you have completed the form, retain a copy with your important papers. If you wish, we will keep a copy in our permanent files at no cost or obligation.



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Essential Information
and Suggestions for my Funeral Celebration

To My Family: I have completed this form to make it easier for you when my death occurs. All of this information is accurate as of this date, but please update it when the need arises. All of the suggestions I am giving for my funeral or memorial celebration are just that – suggestions. Unless I indicate otherwise, please feel free to make appropriate decisions based on unforeseen circumstances at the time.

(Signed) _____ Date _____

PERSONAL INFORMATION

Full Name _____

Name for Newspapers _____

Current residence address _____

City, State Zip _____ Township, if rural _____

Phone _____ Email _____

Social Security Number _____ Former Residence _____

Date of birth _____ Sex _____

Place of birth _____ Nationality or Origin _____

Father's Full Name and Date and Place of Birth _____

Mother's Full Maiden Name and Date and Place of Birth _____

Schools attended and highest education _____

Spouse's Date of Birth _____ Spouse's Social Security Number _____

MARRIAGE

[1] Spouse's Full Name (include Maiden Name) _____ Date _____ City _____ Died/divorced and date _____

[2] _____

[3] _____

EMPLOYMENT

Where employed _____

Type of work _____

Length of employment _____ Retirement date _____

Previous or other employment _____

For Death Certificate: Primary Occupation _____ Type of Business/Industry _____

FAMILY INFORMATION

Living Spouse

Living parents

Name(s)	Address	City	Phone & Email
.....
.....

Living children

Name	Spouse	Address	City	Phone & Email
.....
.....
.....
.....

Living grandchildren (Number of Grandchildren.....) (Number of Great-grandchildren.....) (Number of Great-great-grandchildren.....)

Name	Spouse	Address	City	Phone & Email
.....
.....
.....
.....
.....

Living brothers and sisters

Name	Spouse	Address	City	Phone & Email
.....
.....
.....
.....
.....

Others to be notified (give relationship)

Name	Spouse	Address	City	Phone & Email
.....
.....
.....
.....

Preceded in Death by:

.....

.....

.....

OTHER INFORMATION

MILITARY SERVICE (Attach a copy of your separation record (DD-214 or similar) to this form)

Branch of Service _____ War _____ Receiving VA Disability yes no
Service Number _____ Rank _____ Entry Date _____ Discharge Date _____
Military Honor Guard at Burial yes no Awards and Citations _____

ADVISORS

My Funeral Director is _____
Name _____ Funeral Home _____
Address _____ City _____ Phone _____ Email _____

I have preplanned my funeral: yes no I have prepaid for my funeral: yes no

My Clergyman is _____
Name _____ Church _____
Address _____ City _____ Phone _____ Email _____

My Primary Physician is _____
Name _____ Office or Clinic _____
Address _____ City _____ Phone _____ Email _____

The Executor of my estate will be: _____
Name _____ Office or Firm _____
Address _____ City _____ Phone _____ Email _____

My Attorney is: _____
Name _____ Firm _____
Address _____ City _____ Phone _____ Email _____

My Financial Planner is _____
Name _____ Firm _____
Address _____ City _____ Phone _____ Email _____

My Trust Officer or Bank is: _____
Name _____ Bank _____
Address _____ City _____ Phone _____ Email _____

My Insurance Agent is _____
Name _____ Agency _____
Address _____ City _____ Phone _____ Email _____

I have the following life insurance policies:

Company Name _____ Policy Number _____ Company Name _____ Policy Number _____

LOCATION OF IMPORTANT PAPERS

Birth Certificate and Marriage License _____
Mortgages and Notes _____
Insurance Policies _____
Military Discharge Papers _____
Income Tax Records _____
Car Title _____
Family picture albums _____
The original of this Essential Information Planner _____
Other (specify) _____

MEMBERSHIPS, AFFILIATIONS, INTERESTS, AND HOBBIES

I am a member of the following church, civic, fraternal or social organizations and clubs (include any offices held):

My Interests and hobbies

Accomplishments of which I am proud

Things in my life for which I hope to be remembered

SUGGESTIONS FOR MY FUNERAL OR MEMORIAL CELEBRATION

Type of Visitation Traditional (Body Present) Memorial (Body Not Present) Hospitality (Refreshments) Private None
Describe

Type of Celebration Traditional (Body Present) Memorial (Body Not Present) Hospitality (Refreshments) Private None
Describe

Place of Celebration Church Trimble Funeral Home CityView at Trimble Pointe Graveside Other
Describe

Who is to Officiate

Type of Disposition Burial Entombment Cremation
Cemetery or Mausoleum name and location
Lot Description
If Cremation, disposition of cremains

Memorial Donations to be made to

Music Suggestions
Pianist Soloist
Other musicians

Family and friends you would like to participate in the Celebration Service

Casket Bearers

Flower Suggestions

Lodges or clubs to be involved

Newspapers to carry obituary: Dispatch/Argus QC Times Other

Pictures

Jewelry I want to wear

Other (specify)

THOUGHTS AND SUGGESTIONS FOR MY FAMILY

Scripture or poems I enjoy.....

Sayings or verses that are meaningful to me.....

Music which has inspired me.....

Books or authors I enjoy.....

Things to be displayed at my Celebration Service.....

Favorite foods to be served.....

I would like a Memorial Tribute Video produced to help my family remember all of the good times I have had in my life. I have assembled and labeled a variety of photographs to be used, and they are located.....

REMEMBERING

My favorite family vacation.....

My favorite holiday.....

My favorite pet.....

My favorite game or activity.....

My favorite movie, television show, or song.....

My favorite flower or color or scent.....

My favorite dress or suit or other outfit.....

My favorite food or craving.....

I remember the time that.....

Don't forget.....

OUR CODE OF GOOD PRACTICE

Selected Independent Funeral Homes

As funeral directors, our calling imposes upon us special responsibilities to those we serve and to the public at large. An important obligation is to provide information so that everyone can make knowledgeable decisions about funeral and cremation services.

In accepting our responsibilities, and as a condition of our affiliation with Selected Independent Funeral Homes, we affirm the following standards of good practice and hereby pledge:

- ▲ To provide the public with information about funeral and cremation services, including prices, functions and the responsibilities of funeral directors
- ▲ To make services available in as wide a range of price categories as necessary to meet the needs of all segments of our community, and to affirmatively extend to everyone the right to inspect and freely consider them all
- ▲ To quote conspicuously in writing the charge for every arrangement offered, and to clearly identify the services, facilities, equipment and merchandise included in such quotations
- ▲ To adhere to the highest standard of conduct in all aspects of business
- ▲ To afford an ongoing opportunity to all persons to discuss or arrange funerals in advance
- ▲ To ensure that pre-need contracts fully disclose those items which are guaranteed and those which are nonguaranteed, in terms that are clear and easy to understand
- ▲ To manage prepaid funds responsibly, ensuring that promises are honored and expectations are met, within the letter and spirit of the law
- ▲ To make no representation, written or oral, which may be false or misleading and to apply a standard of honesty in all dealings
- ▲ To furnish each family, at the time arrangements are made, with a written memorandum of charges and to make no additional charge without their approval
- ▲ To respect all faiths, creeds and customs, and to give full effect to the role of the clergy/celebrant
- ▲ To maintain qualified and competent staff, appropriate facilities and suitable equipment required for comprehensive funeral and cremation services
- ▲ To assure those we serve the right of personal choice in making service arrangements

We pledge to conduct ourselves at all times in a manner deserving of the public trust, and to provide a copy of this Code of Good Practice to the families we serve.

