

Please return to:

Redlin-Ertz Funeral Home, LLC

401 Madison Avenue, Baraboo, WI 53913
 Phone: (608) 356-6571 Fax: (608) 356-4503

DEATH CERTIFICATE INFORMATION

Name: _____
First Name Middle Name Last Name

Social Security #: _____ Date of Birth: _____
Month, Day, Year

Place of Birth: _____, _____, _____
City County State

Marital Status: (Check One →) Married _____ Never Married _____ Widowed _____ Divorced _____

Residence: _____, _____
Street (Check One →) City Village Township

County State Zip Code

Father's Name: _____
First Name Middle Name Last Name

Mother's Name: _____
First Name Middle Name Maiden Name

Race: _____ Education: _____
White, Black, Native American, Etc... (Years Completed) Elementary 0 – 12 College 1 – 5+

Occupation: _____
Job Title

Kind of Business/Industry: _____
Description of what employer does (Examples: Food can manufacturer, dairy farm, wholesale food distributor, etc...)

Military Service: (Check One →) Yes _____ No _____ Branch of Service: _____
(Army, Navy, Air Force, Marines)

Spouse: _____
First Name Middle Name Maiden or Last Name

Date of Marriage: _____
Month, Day, Year

Place of Marriage: _____, _____, _____
City State Name of Church or Other Location

If Widowed – Date of Spouse's Death: _____
Month, Day, Year

Next of Kin: _____
First Name Middle Name Last Name

Relationship: _____ Phone Number: _____
(Examples: Husband, Wife, Son, Daughter, etc...) (Please include area code)

Address: _____, _____
Street City

_____ Work Phone: _____
State Zip Code

Method of Disposition: (Check One →) Burial _____ Cremation _____ Entombment _____ Donation _____

Place of Disposition: _____
Name of Cemetery, Crematory or Other

Location: _____, _____, _____
(Check One →) City Village Township County State

PREARRANGEMENT INFORMATION FORM (Page 2) ©

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OBITUARY (PERSONAL HISTORY) INFORMATION FOR:

Name: _____
First Name Middle Name Last Name

Newspapers and Radio Stations: _____

Education: _____
(Schools Attended, Degrees Received)

Employment: _____

Organizations and Church Affiliations: _____

Hobbies: _____

Survivors:

Spouse: _____ of _____
Name City and State

Children: _____ of _____
Name (and Spouses) City and State

_____ of _____

Grandchildren: Number _____ Great-Grandchildren: Number _____

If names of grandchildren (and spouses) or great-grandchildren are desired, please list on bottom of page 4 and check here. _____

Parents: _____ of _____

Brothers (and Spouses) _____ of _____

_____ of _____

_____ of _____

Sisters (and Spouses) _____ of _____

_____ of _____

_____ of _____

Other Relatives or Friends _____ of _____

_____ of _____

Preceded in death by: _____

Name and Relationship

PREARRANGEMENT INFORMATION FORM (Page 3) ©

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FUNERAL OR MEMORIAL SERVICE INFORMATION FOR:

Name: _____
First Name Middle Name Last Name

Cemetery Lot Information: _____
Grave # Lot # Section # Block #

Headstone in Place: (Check One →) Yes _____ No _____ Engraving: _____
Date of Death Exactly As It Is To Appear

Monument Company Desired: _____
Name and Location of Company

Florist: _____
Name and Location of Company

Church: _____ Clergy: _____
Name of Church and Location Name

Organist: _____ Soloist: _____
Name Name

Songs/Hymns: 1. _____ 2. _____
3. _____ 4. _____

Pallbearers: 1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____
4. _____ Phone: _____
5. _____ Phone: _____
6. _____ Phone: _____

Alternate or Additional Pallbearers:
_____ Phone: _____
_____ Phone: _____
_____ Phone: _____

Honorary Pallbearers: _____ Phone: _____
_____ Phone: _____

Luncheon: _____ Number Attending: _____
Location

Military Rites: (Check One →) Yes _____ No _____ Memorial Folders: _____
Number Needed

Certified Copies of Death Certificate _____
(For such things as Funeral Trusts, Life Insurance, Bank Accounts, etc...) Number Needed

