



HOPLIN FUNERAL
SERVICES

A Family Owned and Operated Funeral Home

FUNERAL ARRANGEMENT WORKSHEET

**122 FIRST AVENUE NE
GLENWOOD, MN 56334
(320) 634-4466**

**600 FIRST STREET
BROOTEN, MN 56316
(320) 346-2363**

**FAX 320-634-5350
WATTS 888-634-4466**

Our pamphlet has been prepared to assist you during this time of need. We have tried to include many of the details that will need your attention. If there is a problem that arises in your particular situation, please do not hesitate to request our assistance.

It is advisable to check the schedule of your clergyperson and the location where services will be held before establishing a set day and time for the service. We will be glad to notify your clergyperson so that schedules can be coordinated and verified before you make long distant phone calls to relatives and friends.

We will assist you with the arranging of special music, selection of your cemetery lot if needed, and many other details that will be needed in the next few days.

As you join us for the arrangement conference, please bring the following items of clothing:

LADIES: Dress, blouse and skirt, or pantsuit, preferably with 3/4 or full length sleeves; slip, underwear, stockings, jewelry if desired, a lace hankie or rosary, shoes or slippers if you wish. A recent photograph to show the hairstyle and for use in the local newspaper obituary would be very helpful.

MEN: Suit, shirt, tie, or slacks, shirt and sweater; underwear, socks, shoes or slippers if desired, any jewelry or a rosary. A recent photograph to show the hairstyle and for use in the local newspaper obituary would be helpful.

***If glasses were worn regularly during life, it is well to consider using them during the time of visitation. Should you have any questions on the type of clothing you have selected, please feel free to call us for information.

***If the deceased was in the **MILITARY SERVICE**, information will be needed on the branch of service and service numbers. Please bring with you a copy of the military discharge if available.

Please list the CASKETBEARERS you wish to have for this service.....six minimum, please. Also, please include their telephone numbers.

We will need the following information to complete the certificate of death, social security form, and for the obituary notices that will be placed on the radio and in the newspapers. Please complete the form as best you can and bring it along when you join us for the arrangement conference. (Please Print)

Full Name _____ Age _____
Mailing Address _____
County _____ City or Township _____
Birthdate _____ Place _____
Date of Death _____ Place _____
Father _____
Mother (including maiden name) _____
Social Security Number _____ Level of Education _____
Occupation _____
Spouse _____
Marriage Date _____ Place _____
Church Affiliation _____
Cemetery for Burial _____

Other survivors

Please list deceased family members:
