

Roland Funeral Service

Business (712) 243-5492 or (877) 243-5492 office@rolandfuneralservice.com
www.rolandfuneralservice.com
PO Box 129, Atlantic, Iowa 50022

Vital Information, Service Suggestions and Ideas

Information Regarding:
Appointment at Rolands'
Contact at Rolands'

*FULL NAME	(First)	(Nickname)	(Middle)	*(Maide	n) (Last)
	***************************************	OUDITY #	*FATUED /Fire	Middle	I a a i
	*SOCIAL SE	CURITY #	*FATHER (First	Middle	Last)
			Born	Died	
_	BIR'	_ TU	*MOTHER (First		
*Sex		in	MOTHER (FIISE	Middle	(Maluell) Last
*Birthdate	*Age		Born	Died	
	Years	Months Days			YMENT
*Place of Birth	Tears	Worting Days	*Occupation	LIVIFLO	/ I IVILIA I
Trace or Birtin			*Where Employed	l & Tyna (of Rusiness
*US Citizen?	□ Yes □ N	lo	VVIICIC Employee	і а турс с	71 Dusiness
*Hispanic Origin?		No No	(City, State)		
*Race (example			Length of Employ	mont	
Trace (example	*DEA	·	Retirement Date	Hent	
Henrital					
☐ Hospital☐ Residence	☐ Hospice☐ Other	□ Nursing Home	NOTES		
*Facility Name	<u> </u>		CHIII	RCH NAM	IE & ADDRESS
Facility Phone #	 		01101	TOTTIVAL	L & ADDITEOS
*Street Address					
*City			Telephone		
*County	*St	ate *Zip	Clergy		
*Physician		<u> </u>	Religious Affiliatio	n	
*Date of Death			Religious Activities		
Time of Death	a.n	n. p.m.	, rengrees recursor	-	
Day of Death		·		ORGANI	ZATIONS
Cause of Death	Ì				
*SPOUSE	INFORMATIO	N AT TIME OF DEATH			
□ single, □ m	arried, 🗆 wid	lowed, 🗆 divorced			
*Name of Spou	se (If wife, give	e maiden name)			
First	Middle	Maiden (Last)			
				*MILI	TARY
Spouse Birthda	te		Branch of (1st enl	istment)	
*Surviving Spou	ıse S.S.#		Rank		
Wedding Date			Service Number		
Place of Weddi			War		
Spouse Date of	Death		Honors/Awards		
	USUAL RE	SIDENCE	Enlistment Date		
*Street Address			Claim Number		
*City			Discharge Date		
*County		ate *Zip	Receiving VA Disa		
Previous Places	s Lived		Where discharge		e filed?
			Military Honor at E	Burial?	
	EDUCA	ATION	Handled by		
Schools Attende	ed		Brass Monument		
			Brass Nameplate		
*Highest Level	Attained		Flag Holders		
			Flag Presentation		Orape Casket?
			Present flag to wh	om?	
1			I		

In Regard to the Service of	
Notes	*FAMILY CONTACT PERSON
	*Name
	*Full Address
	*Relationship to Deceased
	Primary Phone
	Phone 2
	Phone 3
	Email
	Fax
	*Contact's SSN#
	Notes
* Required Information For Legal Documents	
Reminders	TYPE OF TRIBUTE / CELEBRATION OF LIFE
What Picture for the Newspaper?	(See Also Page 3)
	Describe
Headstone Engraving	
Temporary Marker	Special Readings or Scriptures
Display	
□ Casket □ Open □ Closed	Speakers other than Officiant
□ Urn □ Displayed on Table □ Held in Safe	- Open Miles
 □ Urn □ Displayed on Table □ Tables for Memorabilia 	□ Open Mike
□ Easels □ Picture Boards/Frame	MEMORIALS
□ Items Brought in by Family	□ Organization □ Family
□ Photo Video to Be Played	CEMETERY
Thota video to be mayed	(See Also Page 3)
	☐ Traditional Burial ☐ Urn Burial
VISITATION	DISPOSITION OF CREMATED REMAINS
(See Also Page 3)	□ Earth Burial □ Return to Family □ Scatter Ashes
, , ,	□ Urn
□ Public Sharing Time □ With Officiant?	□ Keepsake Containers
Other Organizations	(small urns, jewelry, pendants, other)
	If Sharing, among whom?
□ Play Photo Video	MILITARY SERVICES
	Flag Display Triangle Folded Draped on Casket
Background Music	
□ Personal □ From Rolands' CD Library	□ Graveside Folding of Flag
	Presentation to
Coffee & Water will be Available	□ Chaplain's Prayer
Refreshments?	□ Gun Salute
1	

SERVICE INFORMATION					
SINGERS			SERVICES:		
1.	PHONE #:	Date			
2.		Day			
		Hour	a .m.	p.m.	
MUSICIANS		Place of Service)		
1.	PHONE #:	□ Traditional	Memorial		
2.		□ Public	□ Private		
		□ Other			
ALTERNATE MUSICIANS		Officiant			
1.	PHONE #:	Officiant's Churc	ch		
2.					
			VISITATION		
SONGS		□ Meet Public	□ Private Fami	ly Only	
1.		□ Rosary	□ Prayer Servi	ce	
2. 3.		Day			
3.		Date			
4.		Time			
		Background Mu	sic		
CASKET BEARERS					
1.	PHONE #:				
2.			*FINAL DISPOSIT	ION	
3.		*Cemetery/Cren	natory		
4.		*Location			
5.		Headstone	Engraving		
6.		Temporary Mark			
ALTERNATE DE ADERO		Grave No.	Lot		
ALTERNATE BEARERS 1.	PHONE #:	Section Lot Owner	Block Purchase D	oto	
	PHONE #.	Lot Owner		ale	
2.		To be beleficial	LUNCHEON		
3.		To be held when			
HONODARY REARERO		Funeral He	ome		
HONORARY BEARERS	DUONE #	Church	Dilalia a		
1. 2.	PHONE #:	Communit	y Building		
3.		Other: How many do yo	ou octimato?		
4.		now many do yo	ou estimate :		
7.		DH	OTO SLIDE SHOW	VIDEO	
FLOWER COMMITTEE			sitation Service		
1.	PHONE #:		EE/Add'l \$1.50 Print		
2.			O (Or Funeral Video)		
3.		Chao Chon B 12	(Or ranoral ridge)	, φ. σ.σ.σ. γ.α.α. σοργ	
4.			NOTES		
FOOD COMMITTEE					
1.	PHONE #:				
2.					

Additional Obituary Information	Addition	<u>onal Obituary Inforr</u>	<u>nation</u>
Hobbies Personality Traits/Character Qualities Accomplishments Vacations & Holidays Etc. SURVIVORS Number of Grandchildren Number of Great Grandchildren		will be remembered for	
Personality Traits/Character Qualities Accomplishments Vacations & Holidays Etc. SURVIVORS Number of Grandchildren Number of Great Grandchildren	Interests		
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Vacations & Holidays Etc. SURVIVORS Number of Grandchildren Number of Great Grandchildren	Accomplishments		
SURVIVORS SURVIVORS Number of Grandchildren Number of Great Grandchildren			
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SURVIVORS SURVIVORS Number of Grandchildren Number of Great Grandchildren	Vacations & Holidays		
SURVIVORS	,		
SURVIVORS			
Number of Grandchildren Number of Great Grandchildren	Etc.		
		SURVIVORS	
	Number of Grandchildr	en Number of Great (l Grandchildren
PRECEDED IN DEATH BY	Trainison of Grandonia.		
		PRECEDED IN DEATH BY	