

# Luginbuel Funeral Home

115 N Neal Street – P.O. Box 193 – Prairie Grove, AR 72753

(479) 846-2141 Fax (866) 645-1301

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## PREFACE

Since it is human nature to put unpleasant thoughts out of mind, we seldom talk or think about the inevitable end of life's cycle or matters associated with it. The result is that most are utterly unprepared when the inevitable does occur within our own family circle.

Suddenly, many decisions are cast upon us that we must make at once.

The following pages are a guide, and to help you make the decisions necessary at the time of death, or before that time.

### **"WHAT TO DO FIRST AT THE TIME OF DEATH"**

- 1) Call the funeral director immediately, his work and results will be much better if you do this when possible. Someone is always on duty at the Luginbuel Funeral Home.
- 2) If a doctor has not been attending recently, or one of the hospice agencies, you should tell this to the funeral director when you call. He will advise you what should be done. Occasionally obtaining permission to remove the remains will be necessary from the coroner and law enforcement.
- 3) If the person has false teeth, give them to the funeral director, as he must have them before the embalming.
- 4) Notify any relatives who live out of town. Find out if they are coming for the funeral, and if they are, when they will arrive. You must know this to set the date and time of the funeral service.

### **THE COST OF A FUNERAL**

Let us consider now the very important matter of the price for the complete funeral service, an important matter to the average family.

We realize, and thankfully so, that you have occasion to select a funeral very infrequently, in your natural lifetime so we would like to take this time to explain as briefly as possible the objective of a properly selected funeral, so we can avoid unnecessary expense and so you and the rest of the family may provide consolation in all the years that you live with this event of death.

Now, that is a last and final thing that you should strive to achieve in the proper selection of a funeral. Under no circumstances, should you select a funeral of such cost that it would constitute a financial hardship on either you or members of your family.

Remember that your funeral director is working for you and will do everything just as you want. He has had experience in funeral services for many years and will counsel you and try to make this experience one to be remembered in the years to come as an experience of values, rather than an experience of tragedy.

### **DEATH BENEFITS YOU SHOULD KNOW ABOUT**

#### VETERANS BENEFITS:

- 1) Veterans who served in the Armed Services during time of war, and was Honorably discharged maybe entitled to a burial allowance if the VA hospitalized them or have received disability compensation or pension on the date of death.
- 2) All honorably discharge veterans are entitled to a Government furnished headstone and a Flag.

#### SOCIAL SECURITY BENEFITS:

- 1) Social Security may pay a one-time payment of \$255.00 to a spouse who was living with the deceased at the time of death or a dependent child. They cannot make this payment if there is no eligible spouse or child.
- 2) For more information, you may call the Fayetteville Social Security Office at (800) 772-1213 for assistance in applying for benefits.
- 3) If the deceased were receiving Social Security benefits, any check that may arrive after death may need to be returned to the Social Security Administration. Ask you funeral director about when and how you need to return this check.

#### INSURANCE:

- 1) Life Insurance Benefits
- 2) Workers' compensation, occasionally
- 3) Union Insurance, sometimes
- 4) Automobile Insurance, in cases of accidental death due to a car accident.

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First Name	Middle Name	Last Name
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Address	City	State	Zip
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Age	Date of Birth	Place of Birth	Date of Death	Time
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Father Name	Mother First and Maiden Name
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Marital Status	Social Security	Surviving Spouse First & Maiden Name	–	Social Security	–	Date of Birth
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Education: <i>Please Circle</i>	8 <sup>th</sup> or less	9 <sup>th</sup> - 12 <sup>th</sup> , Non Graduate	High School	Some College	Associate	Bachelor
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Master	Doctorate	Occupation	Church Attended
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Informant's Name (Information supplied by)	email address
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Address	City	State	Zip	Telephone
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List any club, organizations or noteworthy achievements you would like noted in the obituary

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## SURVIVORS

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Husband or Wife (If Living)

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Son	City, State	Daughter	City, State
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Son	City, State	Daughter	City, State
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Son	City, State	Daughter	City, State
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Son	City, State	Daughter	City, State
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Son	City, State	Daughter	City, State
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Son	City, State	Daughter	City, State
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Son	City, State	Daughter	City, State
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Brother	City, State	Sister	City, State
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Brother	City, State	Sister	City, State
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Brother	City, State	Sister	City, State
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Brother	City, State	Sister	City, State
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Brother	City, State	Sister	City, State
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Brother	City, State	Sister	City, State
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Brother	City, State	Sister	City, State
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Fathers name (If Living)	City, State	Mothers name (If Living)	City, State
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Grandparents (If Living)	City, State	Grandparents (If Living)	City, State
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Number of Grandchildren	Great Grandchildren	Great-Great Grandchildren
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*If you would like to list the Grandchildren's names, you may do so on the next page.*

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## “DECISIONS TO BE MADE CONCERNING THE FUNERAL SERVICE”

The members of the immediate family should decide, before funeral arrangements can be completed, the following items. Of course not all the items would apply.

Date of Funeral	Time	Place
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Minister	Telephone	Minister	Telephone
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Name of Pianist / Organist	Type of Music (Solo/Trio/Quartet/Choir)
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Names of Songs

Name of Cemetery	How will Grave be marked?
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(1) Pallbearer	Telephone	(2) Pallbearer	Telephone
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(3) Pallbearer	Telephone	(4) Pallbearer	Telephone
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(5) Pallbearer	Telephone	(6) Pallbearer	Telephone
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Please advise if you have notified the Minister and Pallbearers? – \_\_\_\_\_

The name of Memorial Fund if requested	Address	City, State, Zip
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Grandchildren's Names

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## ADDITIONAL DECISIONS CONCERNING THE SERVICE

### CLOTHING

- 1) If you plan to use clothing from the home, please bring these. We normally use everything with exception of shoes.

### FAMILY TRANSPORTATION

- 1) Check with your funeral director?

### OPENING OF CASKET AT THE SERVICE

- 1) Before Service? – \_\_\_\_\_  
2) After Service? – \_\_\_\_\_  
3) Not at all? – \_\_\_\_\_

### COMMITTAL SERVICE

- 1) Do you wish to have committal service at the cemetery? – \_\_\_\_\_  
or  
2) Conclude the service at the chapel or church? In some instances this option will be less expensive! – \_\_\_\_\_

### FLOWERS FOR THE CASKET

- 1) Order by family? – \_\_\_\_\_  
2) Order by funeral home? – \_\_\_\_\_  
3) What flower shop do you wish to use? – \_\_\_\_\_

### VETERANS DISCHARGE

- 1) If you have the veterans discharge, please bring this with you to the funeral home.

### A VETERAN FLAG

- 1) Do you wish to drape the casket with the flag during the funeral service? – \_\_\_\_\_  
or  
2) Do you wish to place your casket spray over the casket during the service and then drape the casket with the flag from the church or chapel to the cemetery? – \_\_\_\_\_  
3) Do you wish a formal presentation made of the flag to a member of the family? – \_\_\_\_\_  
or  
4) Just give the flag to a family member after the service? – \_\_\_\_\_  
5) Do you wish to just receive the flag and not use it on the casket? – \_\_\_\_\_

### OBITUARY

- 1) Do you want to have the obituary read at the funeral service? – \_\_\_\_\_

### HAIR

- 1) If the deceased is a female, who do you wish to fix her hair? – \_\_\_\_\_

### SETTING A TIME AND DATE FOR THE FUNERAL SERVICE

- 1) Please check with the funeral home before you set a date and time for the funeral service.

### ARRANGEMENT AT THE FUNERAL HOME

- 1) Please call the funeral home before you leave your home to make the funeral arrangements.

### FAMILY PICTURES

- 1) If you would like to have a picture placed in the paper with the obituary and on the memorial folders, please bring the picture with you when you make arrangements.  
2) We can also provide a slide show presentation of family pictures during the visitation and sometimes as a part of the funeral service. Try to limit the pictures to no more than 60. Try to avoid pictures of poor quality. Please bring these pictures to the funeral home.
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## EMBALMING AUTHORIZATION

Luginbuel Funeral Home

PARTIES: FUNERAL HOME FAMILY REPRESENTATIVE

THE DECEASED NAME:

RELATIONSHIP OF REPRESENTATIVE: The REPRESENTATIVE warrants and represents to the LUGINBUEL FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEASED is as follow:

SPOUSE: or NEXT OF KIN: or PERSONAL REPRESENTATIVE:

AUTHORITY OF REPRESENTATIVE: The REPRESENTATIVE warrants and represents to the LUGINBUEL FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEASED and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

EMBALMING AUTHORIZATION: The REPRESENTATIVE authorizes and DIRECTS the FUNERAL HOME, its employees, independent contractors, and agents (including apprentices under the direct supervision of a licensed embalmer), to care for, embalm and prepare the body of the DECEASED. The REPRESENTATIVE acknowledges that this authorization encompasses permission to embalm at the funeral home facility or at another facility equipped for embalming.

INDEMNIFICATION: The REPRESENTATIVE agrees to indemnify and hold harmless the LUGINBUEL FUNERAL HOME from any claims or causes of action arising or related in any respect of this embalming authorization or the FUNERAL HOME'S reliance thereon.

DATE

SIGNATURE OF REPRESENTATIVE: