

**Aesop Robinson Golf Association**  
**Funeral Support Planning**  
**Data Collection Sheet**

Name of the deceased: \_\_\_\_\_

Time and Date of death: \_\_\_\_\_

Place of death: \_\_\_\_\_

\_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Will there be a wake? \_\_\_\_ When & Where? \_\_\_\_\_

When & Where will Internment be held? \_\_\_\_\_

\_\_\_\_\_

What is the family's preference regarding flowers or a charity? \_\_\_\_\_

\_\_\_\_\_

Will Pallbearers and/or Honorary Pallbearers be needed? \_\_\_\_\_

\_\_\_\_\_

Will cars be required for the funeral? \_\_\_\_\_

\_\_\_\_\_

Will any of the incoming family require pickup or a place to stay? \_\_\_\_\_

\_\_\_\_\_

Will the family require help contacting the VA or Military Support Branch for earned benefits (if applicable)? \_\_\_\_\_

\_\_\_\_\_

Are there any other services we can provide? \_\_\_\_\_

\_\_\_\_\_