



Thank you for the confidence you have placed in the employees of Treasures of Life in caring for your loved one. This sheet contains information you may need for the arrangement appointment. If you have any questions not mentioned on this sheet you may contact us at anytime at 225-258-4039.

IF AVAILABLE, PLEASE BRING THE FOLLOWING TO THE ARRANGEMENT APPOINTMENT:

- This form filled out
- Insurance policies
- Cemetery deed or other information on the burial location
- A photo for the obituary (can also be emailed to services@treasurefunerals.com)
- DD214 if deceased is a veteran
- Clothing, In addition to what will be visible, please also bring in:
 - MALE – undershirt or t-shirt, underwear & socks (shoes are optional)
 - FEMALE – bra, panties, stocking/knee highs/socks (shoes are optional), cami or slip
- Jewelry, rosary, nail polish, or other cosmetic accessories
- Items you may want displayed in the casket

THE FOLLOWING INFORMATION WILL BE NEEDED IN ORDER TO FILL OUT REQUIRED PAPERWORK

Name of the deceased: _____ Date of birth: _____ Age: _____
Address: _____ Parish: _____ Within city limits: _____
Social Security #: _____ Place of birth (city, state): _____
Hispanic origin: _____ Race: _____ Military Service: _____
Highest education obtained: _____ Marital status: _____
Occupation (most of his/her life): _____ Kind of business/industry: _____
Surviving spouse (if female, give maiden name): _____
Father's name: _____

First	Middle	Last	Suffix
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Father's Place of Birth: _____

City	State
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Mother's maiden name: _____

First	Middle	Last
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Mother's Place of Birth: _____

City	State
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**THE FOLLOWING IS A GUIDELINE FOR OUR OBITUARY
THE WORDING IS COMPLETELY CUSTOMIZABLE TO YOUR LIKING**

(Name as you would like it to appear) _____, a native of (town) and a resident of (town) _____, passed away on (day, date) _____ at the age of _____.
If you would like a paragraph about his/her life, such as things he/she enjoyed doing, his/her accomplishments or organizations in which they were involved in, it would be placed here.



He/She is survived by his/her
Husband/Wife (optional: of _____ years) _____
Parents _____
Children (spouse's names are often in parenthesis) _____

Grandchildren (list their names or give a number) _____

Great-grandchildren (list their names or give a number) _____

Siblings: _____

Other: _____

He/She is preceded in death by his/her
Husband/Wife _____
Parents _____
Children _____
Grandchildren _____
Great-grandchildren _____
Siblings _____
Other _____

A visitation will be held at (location) _____ on (day, date) _____
_____ from (public time) _____ until funeral time. The Funeral
will take place at (service time) _____. Interment will follow in (cemetery) _____

If the family would like to thank anyone or request donations be made in lieu of flowers, it would be placed here.

OBITUARIES CAN BE SUBMITTED BY THE FUNERAL HOME TO ANY NEWSPAPER THE FAMILY REQUESTS. PLEASE KNOW THAT MOST NEWSPAPER CHARGES ARE BASED ON THE LENGTH OF THE OBITUARY. OBITUARIES WILL BE PLACED ON OUR WEBSITE AS WELL AS OUR FACEBOOK PAGE FREE OF CHARGE.
*Obituaries can be done during the arrangement meeting, however, if you are typing an obituary at home, please email it to services@treasurefunerals.com.