

Fax: (406) 538-2863

**Montana Mental Health
Nursing Care Center**
800 Casino Creek Drive
Lewistown, MT 59457

Phone: (406) 538-7451

Funeral Plans Questionnaire

1. Resident Name: _____
2. Family Member to be contacted at time of death:
Name: _____
Relationship: _____
Address: _____
City/State/Zip: _____
Telephone number with area code: _____
3. Our records indicate the following funeral plans: _____

4. Are the above plans accurate? _____ Yes _____ No
If no, please specify below: _____

5. Do you wish the resident to be buried in Lewistown, MT? _____ Yes _____ No
If no, please specify:
City/State: _____
Cemetery Name: _____
Burial Plot information (Attach copy of plot deed if available): _____

Please enclose a copy of the burial documents (Funeral Contracts, Burial Insurance Policies, Life Insurance Policies, etc.) for prearrangements.

6. Do you desire cremation? _____ Yes _____ No
If yes, have arrangements been made? _____ Yes _____ No
(Please contact your local mortuary for guidance/information)
7. Please indicate funds available for burial: _____

8. Comments: _____

Person completing form:

Signature

Date: _____

Print Name