

Fax: (406-535-2863)

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

(406) 538-7451

Funeral Plans Questionnaire

1. Resident's Last 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

**Montana Mental Health Nursing Care Center
Vital Statistics for Funeral Homes**

Resident (Include middle name): _____

Father's name (First, Middle, Last): _____

Mother's name (First, Middle, Last): _____

Education: _____

Ancestry (Mexican, Puerto Rican, Cuban, African, English, Irish, German, etc.)

Surviving Spouse (If wife give maiden name): _____

Occupation (Include the kind of business/industry): _____