

# YOUR MEMORIAL GUIDE — Part A

## A VITAL STATISTICS

Full Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Birthplace \_\_\_\_\_  
City State County

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Social Security Number \_\_\_\_\_

Usual Occupation \_\_\_\_\_ Years \_\_\_\_\_

Type of Business \_\_\_\_\_

Highest Education \_\_\_\_\_

Ancestry/Race \_\_\_\_\_

Marital Status \_\_\_\_\_

Name of Spouse \_\_\_\_\_  
(If Married or Widowed) First Middle Last

Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Marriage \_\_\_\_\_  
City State County

Father's Name \_\_\_\_\_

Father's Birthplace \_\_\_\_\_  
City State County

Mother's Maiden Name \_\_\_\_\_

Mother's Birthplace \_\_\_\_\_  
City State County

## B MILITARY RECORD

Branch \_\_\_\_\_ DD-214 Requested:  Yes  No

Honors:  Yes  No Flag:  Draped  Folded

Presented to \_\_\_\_\_

## C INSURANCE INFORMATION

\_\_\_\_\_

\_\_\_\_\_

## D PERSONS TO BE RESPONSIBLE FOR FINAL ARRANGEMENTS

1. Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

2. Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

## E EMERGENCY CONTACTS (Local, other than family members) Please notify

1. Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

2. Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

## F FUNERAL SERVICE/GATHERING PREFERENCE

Funeral Home \_\_\_\_\_ City \_\_\_\_\_

Place of Service or Gathering: \_\_\_\_\_

Religious Preference \_\_\_\_\_

Participating Org. (Military, Fraternal, Lodge, Union, etc.) \_\_\_\_\_

## G SPECIAL INSTRUCTIONS

Flower Preference: \_\_\_\_\_

Casket Spray  Easel Spray  Basket Bouquet

Music: Organist \_\_\_\_\_

Soloist \_\_\_\_\_

Music Selections: \_\_\_\_\_

\_\_\_\_\_

Casket/Honorary Bearers:  Please notify

\_\_\_\_\_

Jewelry & Accessories:

Wedding Band  Stays On  Return to \_\_\_\_\_

Eyeglasses  Stays On  Return to \_\_\_\_\_

Other \_\_\_\_\_  Stays On  Return to \_\_\_\_\_

Clothing Preference \_\_\_\_\_

Current Wardrobe  New  Other \_\_\_\_\_

Description/Color \_\_\_\_\_

Newspaper(s) for Obituary Notice \_\_\_\_\_

## H INTERMENT PREFERENCES

Cemetery Property Owner \_\_\_\_\_  n/a

Name of Cemetery \_\_\_\_\_

City & State \_\_\_\_\_

Burial:  Mausoleum  Lawn Crypt  Ground Burial

Cremation:  Burial  Niche  Family Pick-up

Funeral Allowance \_\_\_\_\_

I ask the Funeral Home listed to archive this Memorial Guide document, which includes my detailed funeral arrangements, to be brought forward at my time of death.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_



# YOUR MEMORIAL GUIDE — Part B

## PERSONS TO BE NOTIFIED *(Family - Friends - Neighbors - Coworkers - Church/Lodge Members)*

Please offer the free memorial guide documentation service to those listed below.

Upon your passing, there will be telephone calls to make, errands to run and household details to take care of. While we cannot possibly include everyone you hold close to your heart, the following list should serve as a quick reference of relatives, friends, neighbors or coworkers or church/lodge members who live in your community and who can be notified upon your passing. It should list those nearby special people who can be called upon to help out and relay information to out-of-town friends and family

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_