



Vital Statistics

Full Name Birthplace Date of Birth Sex: Male Female Marital Status Name of Spouse Date of Marriage Place of Marriage Father's Name Father's Birthplace Mother's Name Mother's Birthplace Social Security Number Usual Occupation Type of Business

Military Record

War Serial # Date & Place of Induction Date & Place of Discharge Branch of Service Rank Medals Special Service Location of Discharge Papers Flag: Draped Folded Presented to

Insurance Information

Blank lines for insurance information

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

Funeral Service Requests

Name of Funeral Home City and State Place of Service: Church Funeral Home Graveside Other Religious Preference Participating Organization

Person to be in charge of Final Arrangements

Full Name Address City State Zip Telephone Relationship

Special Instructions

Flower Preference: Casket Spray Easel Spray Basket Bouquet Music: Organist Soloist

Music Selections:

1. 2. 3.

Casket Bearers: (include address and telephone) Please notify

1. 2. 3. 4. 5. 6.

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 for Obituary Notice:

1. 2. Other

Interment Requests

Name of Cemetery City & State Own Cemetery Property: Yes No I have reserved facilities: Yes No Arrangement Preferred:

Family Estate Companion Single

Burial Rights:

Mausoleum Lawn Crypt Ground Burial

Cremation:

Burial Niche Scattering Garden Cremation Garden Scattering Sea Scattering Air Other

Funeral Allowance:

Other:

Signed: Date:

It is my wish that you be spared anxiety, expense and inconvenience at the time of my death, 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.