

## Information about Person completing the form

Today's Date  
(MM/DD/YR)

Surname

Common Name

Middle Initial

I am planning for:

Myself

Spouse

Mother

Father

Child

Friend

Daytime Phone:

Evening Phone

E-mail Address

## Vital Statistics (Required)

Surname

Common name

Middle Initial

Maiden Name

Street Address

City

State / Province

Zip / Postal Code

Sex (M/F)

Area Code

Home Phone

E-mail Address

Social Security Number

Date of Birth (MM/DD/YR)

Place of Birth (City / Country)

### Father's Legal Name

Common name

Middle Initial

Surname

Father's Birthplace

### Mother's Legal Name

Common name

Middle Initial

Surname

Mother's Birthplace

Mother's Maiden Name

## Marital Status

Single

Married

Separated

Divorced

Widow(er)

Spouse

Date of Marriage

Place of Marriage

Death Date

Spouse

Date of Marriage

Place of Marriage

Death Date

## Personal History

### Employment

Occupation

Employer

Last Position Held

How Long

Retired

Yes  No

Year

Please provide additional information on any other jobs you have had:

Resident Cities

State/Province

Number of Years

Education / Degree Held

Level Completed

(Included college, in total number of years)

High School

College – list all attended and degree(s) earned

**Military**

WWII  Korean  Vietnam  Other

War  Branch of Service

(i.e. Army, Navy, etc.)

Enlistment Date (If known)

Rank at Discharge

Service Number

Discharge Date

Enlistment Place (If known)

**Special Affiliations**

Lodges, Memberships, Church, Public Office Held, Fraternal Organizations? *(Include past or present affiliation)*



If additional space is needed for family members, please write those on comments section here.

A Special Thanks To:

Preceded in Death By

**Local Emergency Contacts to be Notified at time of Death**

|                      |                       |                             |
|----------------------|-----------------------|-----------------------------|
| <b>Name</b>          | <b>Street Address</b> | <b>City, State/Province</b> |
| <input type="text"/> | <input type="text"/>  | <input type="text"/>        |
| <b>Relationship</b>  | <b>Phone Number</b>   | <b>E-mail Address</b>       |
| <input type="text"/> | <input type="text"/>  | <input type="text"/>        |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Name                 | Street Address       | City, State/Province |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Relationship         | Phone Number         | E-mail Address       |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Name                 | Street Address       | City, State/Province |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Relationship         | Phone Number         | E-mail Address       |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Important Legal Information for Family Use (Not Required)**

Will Location

Attorney  Phone Number

Address

Executor of Estate

Safety Deposit Box Location

Telephone Number

Address

Additional Information (List any insurance policies, etc)

Marriage Certificate Location

**Insurance Company Information**

Company Name

Agent contact information

Beneficiary

Policy Number

Company Name

Agent contact information

Beneficiary

Policy Number

**Property Information**

Mortgage

Automobile and additional home owner information

Warranties (List and Location)

Real Estate Holdings

Jewelry (List and Location)

Artwork (List and Location)

Other Valuables

**Banking & Investments**

Accountant name

Contact Details

Investment Adviser / Broker

Contact Details

Savings Account (Acct #)

Bank Name

Contact

Checking Account (Acct #)

Bank Name

Contact

Stock and Bond Information

Certificates of Deposit / GIC's

Retirement fund information (401k, IRA, Roth IRA, RRSP, etc)

**Miscellaneous**

Safety Deposit Box Location

Post Office Box Location

Subscriptions (Monthly, Annually, i.e. Magazines, Newspapers etc)

Living Will  Yes  No

Living Trust

Receiving VA Benefits  Yes  No (Funeral Home Will Notify at Time of Death)

If yes, are you a disabled vet?  Yes  No or a retired person?  Yes  No

Receiving Pension?  Yes  No (Funeral Home Will Notify at Time of Death)

Receiving Social Security?  Yes  No (Funeral Home Will Notify at Time of Death)

## My time to reflect / Personal Reflections

The people that have had the greatest and most profound impact on my life have been:

Some of the accomplishments that I am most proud of are:

My fondest memories include:

If I could live my life over again, I would spend less time:

Is there a special story about you or your loved one's heritage you would like to share?

Do you or your loved one have a favorite scripture, song, saying or poem?

What lasting picture has been etched in the minds of those who knew you or your loved one?

How would you or your loved one want to say goodbye? Messages that you would like to leave:

**E-mail notification at time of death to be sent to:**

**Name:**

## Final Wishes and Desires

Please select one of the following as your preference (Click on the selection to view examples)

- Traditional Funeral Service       Traditional Cremation Service       Direct Cremation  
 Graveside Burial Service       Memorial Cremation Service  
 Immediate Burial       Graveside Cremation Service

Cemetery  City  State/Province

Section  Lot

Space  Marker Installed  Yes  No

Name of Cemetery/  
Property Owner

Specific Instructions

Select a \_\_\_\_\_ Funeral Home Location: **(Funeral Home to fill in)**

- 
- 
- 
- 
- 

**Funeral Service to be held at:**

Funeral Home       Church  Graveside  Yes

Other  Rosary  Yes

City  State/Province  Prayer Service  Yes

Remarks or Specific Instructions

If a Veteran, is the Flag to be:  Draped  Folded Given to:

Clergy  Organist

Church  Vocalist(s)

Music Selections

Piece 1

Piece 2

Piece 3

Bible Passages, Poetry, Quotations & Verses etc:

To be read by:

Flower Requests  
(Color/Choice of Flowers)

Specific floral merchant

**Selections**

**Clothing**

New

Present

Color

Jewelry

Eye Glasses to be  On  Off

Decisions of clothing to be made by:

**Participating Organizations** *(List all that apply including Masonic Lodge and its number, Veterans/VFW Lodge and its number, Knights of Columbus, Lions Club and any other Fraternal/Military Rites)*

**Pallbearers:**

| Name                 | City                 | State/Province       | Phone                |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Alternates / Honorary

Special Instructions

Memorial Contributions to:

Address, where the pre-arrangement documents can be delivered: **(Address, Phone, Contact)**

- Please call me
- Tell me how to Pre-Pay Expenses
- Please keep my information on file

**If you would like to speak with someone at any time, or have questions is regards to the pre-arrangement process or this document, please feel free to contact anyone of our knowledgeable, friendly staff at**

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