

YOUR MEMORIAL GUIDE — Part A

A VITAL STATISTICS

Full Name _____
First Middle Last

Maiden Name _____

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 PERSONS TO BE RESPONSIBLE FOR FINAL ARRANGEMENTS

1. Full Name _____
 City _____ State _____ Zip _____
 Telephone (____) _____
 Relationship _____

2. Full Name _____
 City _____ State _____ Zip _____
 Telephone (____) _____
 Relationship _____

Emergency Contact Information

1. Full Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone (____) _____

C MILITARY RECORD

Branch _____ DD-214 Requested: Yes No

Honors: Yes No Military Marker/Plaque: Yes No

Flag: Draped Folded Veteran's Cemetery: Yes No

Notes: _____

D FUNERAL SERVICE/GATHERING PREFERENCE

Funeral Home _____

Place of Service: _____

Place of Gathering: _____

Religious Preference _____

Participating Org. (Military, Fraternal, Lodge, Union, etc.) _____

E INTERMENT PREFERENCES

Cemetery Property Owner _____ n/a

Name of Cemetery _____
 Purchased

City & State _____

Burial: Mausoleum Lawn Crypt Ground Burial

Cremation: Burial Niche Family Pick-up Scatter

Notes: _____

F SPECIAL INSTRUCTIONS

Flower Type: _____

Color Preference: _____

Music: _____

Detail: _____

Casket/Honorary Bearers: Please notify

Jewelry & Accessories:
 Return to _____
 Return to _____
 Return to _____

Clothing Preference _____
 Description/Color _____

Newspaper(s) for Obituary Notice _____

Photo for Obituary: Yes No

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: _____ Date: _____

Notes: _____