

*Completing this information will be a considerate step
your loved ones will appreciate.*

Full name (include maiden name) _____

Address _____

Date and place of birth _____

Social Security number _____

Spouse (If wife, include her maiden) _____

Race Male Female _____

Usual Occupation _____

Highest grade completed in school _____

Father's name _____

Mother's name (include maiden) _____

Name, address and phone numbers of children: _____

----Veterans:----

Please provide the following:

Copy of discharge _____

Date and place of enlistment _____

Date and place of discharge _____

Rank and Service number _____

Branch _____

---THE SERVICE---

Commendations _____

Religious preference and membership _____

Who will officiate? _____

Professional, fraternal, union, organization or memberships. _____

Education (schools, dates of degrees received) _____

Clothing and jewelry you prefer to wear _____

Favorite flowers and colors _____

Visitation instructions _____

Any program information: i.e. type of music, soloist, any reading you would prefer at your service. _____

Where would you prefer donations to be made in your memory? _____

Name and address of cemetery (include: garden, lot number and grave number) _____

If you wish to be cremated, include disposition preference. _____

---SOURCE OF FUNDS FOR PAYMENT OF FUNERAL EXPENSES---

Insurance information:

Company _____ *Policy number* _____

Address _____

Funeral Expense Insurance or PreNeed Arrangements:

Company _____ *Address* _____

Policy number _____ *Other:* _____

Any additional instructions _____
