

MEMORIAL PLANNING GUIDE

The following planning guide is for: _____
 (First Name, Middle Initial, and Last Name)

My favorite hobby is: _____

I want to be remembered for: _____

Vital Statistics Information:

_____-____-____/____/____ M F
 Social Security Number Date of Birth Birthplace (City, State) Sex(circle one)

 Current Address City, State Zip Code

Home Phone Number Daytime Phone Number Cell Phone Number Email Address

Marital Status (Circle One): Married Widowed Divorced Never Married

Veteran (Circle One): YES NO

If applicable, are Military Discharge Papers Enclosed? Please Circle One: YES NO

_____/____/____
 Branch of Service Rate or Rank Service Number Enlist Date Discharge Date

_____/____/____
 Spouse's name Marriage Date Place of Marriage (location) Death date

_____/____/____
 Spouse's Name Marriage Date Place of Marriage (location) Death Date

 Lifetime Occupation Industry Employer
 YES NO Retired

 Position Held/Job Title Number of Years with Employer (Circle One)
 YES NO Retired

 Position Held/Job Title Number of Years with Employer (Circle One)
 YES NO Retired

 Position Held/Job Title Number of Years with Employer (Circle One)

 Education Level Completed High School Attended City, State Year of Graduation

 College Attended City, State Year of Graduation Degree earned

 College Attended City, State Year of Graduation Degree earned

Father's Name Mother's Name Mother's Maiden Name Race/Nationality

Your Physician's Name Address City, State, Zip Code Phone

Resident of Current City Since Previous Resident Cities and Years Previous Resident Cities and Years

Lodges, Memberships, Church & Public Offices Held: _____

Names of Newspapers/City/State the funeral home is to provide an obituary to: Picture Enclosed?

Surviving Relatives/Family Information:

Father _____ Address _____ Phone _____

Mother _____ Address _____ Phone _____

Children _____ Address _____ Phone _____

_____ Address _____ Phone _____

_____ Address _____ Phone _____

_____ Address _____ Phone _____

Brothers and Sisters:

_____ Address _____ Phone _____

_____ Address _____ Phone _____

_____ Address _____ Phone _____

_____ Address _____ Phone _____

Grandchildren/Great-Grandchildren _____

Other: _____

PRECEDED IN DEATH BY

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Legal Information:

Do you have a **durable power of attorney for health care decisions** (circle one): YES NO

If YES, then please include a copy and provide information for your **durable power of attorney for health care decisions**: _____

Name Address Phone

Do you have a will (circle one): YES NO If Yes, please either include a copy or provide the location of the will: _____

Attorney's Name _____ Phone _____

Executor of Estate _____ Address _____

Phone _____ Location of Safety Deposit Box _____

Insurance information

Insurance Company Policy Number Insurance Company Policy Number

Insurance Company Policy Number Insurance Company Policy Number

FUNERAL SERVICE INFORMATION:

Choice of Funeral Home _____

Location of Service Service Type Officiant/Clergy Name and Church

Cemetery Location/City Section/Lot Marker Installed?
YES NO

Music Selections Vocalist Name/Phone Number Organist Name/Phone Number

Music Selections Vocalist Name/Phone Number Organist Name/Phone Number

Special Reading(Scripture/Poem) Reader's Name/Phone Number

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Flower Requests: _____ Clothing Requests: _____

Jewelry to be returned? YES NO If YES, then to whom? _____

Glasses to be worn? YES NO Glasses to be returned? YES NO

If YES, then to whom? _____

Participating Organizations (Fraternal/Military Rites): _____

Pall Bearer's Names	City/State	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honorary Pall Bearer's Names _____

Memorial Contribution Designation _____

Any Special Instructions _____

Address/City/State/Zip/Phone _____

Authorized by: _____

Your Signature Date

CHECKLIST

- Notify Funeral Home. Death must be verified by proper authorities.
- Check for written instructions for funeral arrangements.
- Contact relatives, clergy, workplace, and friends.
- Determine time and location of service and burial location.
- Choose burial container/s.
- Choose clothing for the deceased.
- Choose music and musicians.
- Choose readings and readers.
- Write obituary.
- Choose pall bearers.
- Decide religious, fraternal, or military organizations to be involved.
- Choose charity for memorial donations.
- Sign necessary papers.