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 Cemetary: ☐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: _____

_____

_____