

# Essential Information and Suggestions for my Funeral Celebration

*To My Family: I have completed this form to make it easier for you when my death occurs. All of this information is accurate as of this date, but please update it when the need arises. **All of the suggestions I am giving or my funeral or memorial service are just that – suggestions.** Unless I indicate otherwise, please feel free to make appropriate decisions based on unforeseen circumstances at the time.*

(Signed)..... Date.....

## PERSONAL INFORMATION

Full Name \_\_\_\_\_ Spouse \_\_\_\_\_

Current residence \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Nationality or Origin \_\_\_\_\_

Father's Full Name and Date/Place of Birth

\_\_\_\_\_

Mother's Full Maiden Name and Date and Place of Birth

\_\_\_\_\_

Schools attended and highest education

\_\_\_\_\_

\_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_ Spouse's Social Security # \_\_\_\_\_

## EMPLOYMENT

Where employed \_\_\_\_\_

Type of work \_\_\_\_\_

Length of employment \_\_\_\_\_ Retirement date \_\_\_\_\_

**FAMILY INFORMATION**

Living Spouse \_\_\_\_\_

Living parents Name	Address	City	Phone
_____	_____	_____	_____

Living children Name	Spouse	Address	City	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Living grandchildren** (Number of Grandchildren.....)  
(Number of Great-grandchildren.....)  
(Number of Great-great-grandchildren.....)

Name	Spouse	Name	Spouse
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Living brothers and sisters Name	Spouse	City	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Preceded in Death by

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION**

**MILITARY SERVICE**

Branch of Service /War \_\_\_\_\_

Receiving VA Disability    yes \_\_\_ no\_\_\_            Military Honor Guard at Burial    yes\_\_\_ no\_\_\_

Service Number \_\_\_\_\_

Rank Entry Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

Awards and Citations

**ADVISORS**

My Funeral Director is \_\_\_\_\_

Name Funeral Home \_\_\_\_\_

I have preplanned my funeral    yes\_\_\_ no\_\_\_            I have prepaid for my funeral    yes\_\_\_ no\_\_\_

Name Church/Clergy \_\_\_\_\_

The Executor of my estate will be (Name/Office or Firm)

\_\_\_\_\_

My Attorney is (Name/Firm)

\_\_\_\_\_

My Financial Planner is (Name/Firm)

\_\_\_\_\_

My Trust Officer or Bank is

\_\_\_\_\_

My Insurance Agent is

\_\_\_\_\_

I have the following life insurance policies

Company Name	Policy Number
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOCATION OF IMPORTANT PAPERS**

Birth Certificate and Marriage License \_\_\_\_\_

Mortgages and Notes \_\_\_\_\_

Insurance Policies \_\_\_\_\_

Military Discharge Papers \_\_\_\_\_

Income Tax Records \_\_\_\_\_

Car Title \_\_\_\_\_

Family picture albums \_\_\_\_\_

The original of this Essential Information Planner \_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIPS, AFFILIATIONS, INTERESTS, AND HOBBIES**

I am a member of the following church, civic, fraternal or social organizations and clubs (include any offices held):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My Interests and hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accomplishments of which I am proud \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Things in my life for which I hope to be remembered

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUGGESTIONS FOR MY FUNERAL OR MEMORIAL SERVICE**

Type of Visitation:

- A. Traditional (Body Present)
- B. Memorial (Body Not Present)
- C. Private

Describe Type of Funeral:

- A. Traditional Funeral (Body Present)
- B. Memorial Service (Body Not Present)
- C. Private Service

Location of Funeral/Memorial Service:

- A. Church
- B. Funeral Home
- C. Graveside
- D. Other

Type of Disposition:

- A. Burial
- B. Mausoleum
- C. Cremation

Name of my church \_\_\_\_\_

Cemetery or Mausoleum name and location \_\_\_\_\_

Lot Description \_\_\_\_\_

If Cremation, disposition of cremains \_\_\_\_\_

Memorial Donations to be made to \_\_\_\_\_

Hymn Suggestions \_\_\_\_\_

Soloist \_\_\_\_\_ Other musicians \_\_\_\_\_

Family and friends you would like to participate in the service

Casket Bearers

Flower Suggestions

Lodges or clubs to be involved \_\_\_\_\_

Newspapers to carry obituary \_\_\_\_\_

Jewelry I want to wear \_\_\_\_\_

**Other (specify)**

**THOUGHTS AND SUGGESTIONS FOR MY FAMILY**

Scripture or poems I enjoy

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Sayings or verses that are meaningful to me

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Music which has inspired me

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Books or authors I enjoy

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Things to be displayed at my service

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**REMEMBERING**

My favorite family vacation \_\_\_\_\_

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My favorite holiday

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My favorite pet

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My favorite game or activity

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