

# Funeral & Memorial Service Planning Guide for:

\_\_\_\_\_  
(First, Middle, Last Names)

**Vital Statistics:** Gender: \_\_\_\_\_ Last Name Prior to Any Marriage: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth (City, State)

\_\_\_\_\_  
Current Address (City, State, Zip Code)

\_\_\_\_\_  
How Long?

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Mobile

\_\_\_\_\_  
Email

## Biographical Information:

\_\_\_\_\_  
Spouse's Name (Prior To Any Marriage If Applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Marriage

\_\_\_\_\_  
Place of Marriage

\_\_\_\_\_  
Date of Death

Second Spouse (If Applicable): \_\_\_\_\_

\_\_\_\_\_  
Spouse's Name (Prior To Any Marriage If Applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Marriage

\_\_\_\_\_  
Place of Marriage

\_\_\_\_\_  
Date of Death

\_\_\_\_\_  
Lifetime Occupation

\_\_\_\_\_  
Industry

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position Held

\_\_\_\_\_  
Number of Yrs w/ Employer

\_\_\_\_\_  
Retired (Y/N)

\_\_\_\_\_  
Position Held

\_\_\_\_\_  
Number of Yrs w/ Employer

\_\_\_\_\_  
Retired (Y/N)

## Veteran Information:

\_\_\_\_\_  
What County is your DD-214 Filed?

\_\_\_\_\_  
Do You Have A Copy?

\_\_\_\_\_  
Branch of Service

\_\_\_\_\_  
War Period(s) Served?

\_\_\_\_\_  
Year Served

Do you wish to have military services at your funeral or memorial service?      Yes      No

If so would you like full rites?      Limited?      Explain: \_\_\_\_\_

High School Attended \_\_\_\_\_ City, State \_\_\_\_\_ Graduation Year \_\_\_\_\_

College Attended \_\_\_\_\_ City, State \_\_\_\_\_ Graduation Year \_\_\_\_\_

College Attended \_\_\_\_\_ City, State \_\_\_\_\_ Graduation Year \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name (Maiden Name) \_\_\_\_\_ Race/Nationality \_\_\_\_\_

Offices, Affiliations, Church Memberships: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Surviving Family Members Information:** (This includes parents, spouse, children, grandchildren, great-grandchildren by name or number, siblings if surviving)

Relationship    First Name                      Spouse                      Last Name                      City                      State

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Additional Survivors:

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Preceded in Death By: (Include relationship and name of parents, spouse, children, grandchildren and siblings)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What Newspapers Would You Like Your Obituary To Be Published In? \_\_\_\_\_

\_\_\_\_\_

**Legal Information:** \_\_\_\_\_

Executor Of Estate	Address	Phone
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**Funeral Information:** \_\_\_\_\_

Funeral Home

Church Affiliation and Location \_\_\_\_\_

Participating Organizations (Fraternal, Military): \_\_\_\_\_

Officiant	Address	Phone
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Cemetery Name, City, State	Do You Own Lots?	Section/Lot
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Do You Have A Marker Installed?    Y    N    Is it Stone or Metal? \_\_\_\_\_

**Scripture:** \_\_\_\_\_

**Music:** \_\_\_\_\_

**Special Readings/Poetry:** \_\_\_\_\_

**Flowers:** \_\_\_\_\_

**Clothing:** \_\_\_\_\_

**Jewelry or Glasses:** To Be Worn?    Y    N    Removed?    Y    N

**Special Instructions:** \_\_\_\_\_

**Pallbearers:**

_____	_____	_____	_____
Name	Phone Number	Name	Phone Number

_____	_____	_____	_____
Name	Phone Number	Name	Phone Number

_____	_____	_____	_____
Name	Phone Number	Name	Phone Number

_____	_____	_____	_____
Name	Phone Number	Name	Phone Number

**Other Special Instructions, Notes, Additional Obituary Information:** \_\_\_\_\_

**Memorial Contributions Directed To?** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date