



- Metcalf Mortuary (435) 673-4221
- Hurricane Valley Mortuary (435) 635-9922

MEMORIAL GUIDE

TO MY FAMILY - It has been my wish to spare you worry, anxiety and expense in the event of my death. By pre-planning, I have been able to select many arrangements in advance of need. Below are detailed suggestions to guide you in making final arrangements, together with information that will be required to complete the necessary legal records. This information is on file at the mortuary.

VITAL STATISTICS

CHILDREN & NEXT OF KIN - TO NOTIFY

Full Name: _____
 Address: _____
 City: _____ State _____ Zip: _____
 Phone: _____ Race: _____ Sex: _____
 Date Of Birth: _____ Physician _____
 Birthplace: _____
 SS No: _____ Years of Education: _____ Check one
 8th grade or less 9th-12th, no diploma
 High school or GED Some college credit
 Associate degree Bachelor's degree
 Master's degree Doctorate

Name: _____ Phone: _____
 Address: _____
 Name: _____ Phone: _____
 Address: _____
 Name: _____ Phone: _____
 Address: _____
 Name: _____ Phone: _____
 Address: _____

Usual Occupation: _____
 Kind of Business or Industry: _____
 Name of Father: _____
 Full Maiden Name of Mother: _____
 Marital Status: _____
 Name of Spouse: _____
 Where Married: _____
 When Married: _____
 If deceased, date of death: _____

NEIGHBORS - FRIENDS - FAMILY TO NOTIFY

Name: _____ Phone: _____
 Name: _____ Phone: _____
 Phone: _____

WILL, TRUST, INSURANCE INFORMATION

I have a living will, living trust, or insurance policies: _____
 It is located at: _____
 Executor: _____

VETERANS SERVICE INFORMATION

Branch of Service: _____ Rank: _____
 Serial Number: _____
 Date & Place of Entry: _____
 Date & Place of Discharge: _____
 Flag: On Casket Folded Vet Marker: Yes No
 Military Honors: Yes No

INTERMENT REQUESTS

Name of Cemetery: _____
 City & State: _____
 I have reserved facilities: Yes No
 Under the name _____

MY PERSONAL FUNERAL SERVICE REQUESTS

I prefer: Burial Cremation

Church Denomination:

Officiant:

Person(s) in charge of final arrangements:

Relationship: Phone:

Flower Preference:

Music Preference:

Prayers:

Speakers:

Pallbearers:

Jewelry:

Glasses: On Off Clothing:

Obituary: Spectrum Deseret News Tribune

Other:

FUNERAL MERCHANDISE REQUESTS

Casket Description:

Outer Container:

Marker:

Program Package:

Other:

SPECIAL INSTRUCTIONS

Services at: Church Mortuary Chapel

Cemetery (graveside) Crypt

Niche Mausoleum

Viewing: Yes No

Evening Prior to Service

Casket Closed Casket Open

OTHER INFORMATION

GUARANTEED FUNERAL FUNDED BY

Company: Policy #:

Pre-paid funeral policy includes supplemental cash to be used towards the following:..

Death Certificates

Transportation

Opening/Closing

Final Engraving

Taxes

Flowers

The family will be responsible for the following items:

I respectfully request that the above plans be followed as closely as possible in completing my final arrangements.

Name:

Date:

Representative:

Phone: