

Biographical Information

Your foresight in planning your memorial service will bring untold relief and comfort to your loved ones. They will be able to celebrate your life as you want it done. Take a few moments to fill in this sheet. Keep a copy for yourself; give one to your funeral director. This ensures your wishes will be carried out.

Full Name: _____

Street: _____

City, State ZIP Code: _____

Telephone: _____

Resident Since: _____

Citizen of (Country): _____

Birthplace: _____

City, State ZIP Code: _____

Date of Birth: _____

Social Security Number: _____

Occupation: _____

Employed By: _____

Previous Occupation (if retired): _____

Marital Status: _____

Spouse's Maiden Name: _____

Name of Father: _____

Birthplace: _____ Year: _____

Mother's Maiden Name: _____

Birthplace: _____ Year: _____

Religious Affiliation: _____

Education

Elementary: _____

High School: _____

College: _____

Names of Children

Name: _____

City: _____

State: _____ Telephone: _____

Name: _____

City: _____

State: _____ Telephone: _____

Name: _____

City: _____

State: _____ Telephone: _____

Name: _____

City: _____

State: _____ Telephone: _____

Military Service

Branch: _____ Rank: _____

Enlistment Date: _____

Discharge Date: _____

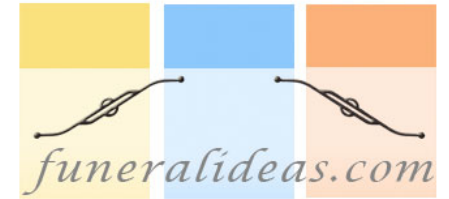
Discharge Location: _____

Serial Number: _____

Fraternal, Service and Union Membership: _____

Special Recognitions: _____

Planning Worksheet



Relatives & Friends to Notify

Name: _____

Relationship: _____

Telephone: _____

Name: _____

Relationship: _____

Telephone: _____

Name: _____

Relationship: _____

Telephone: _____

Name: _____

Relationship: _____

Telephone: _____

Name: _____

Relationship: _____

Telephone: _____

Name: _____

Relationship: _____

Telephone: _____

Financial Information

Location of Will: _____

Executor: _____

Address: _____

Telephone: _____

Attorney: _____

Address: _____

Telephone: _____

Accountant: _____

Address: _____

Telephone: _____

Bank: _____

City: _____

State: _____ Telephone: _____

Checking Account#: _____

Savings Account#: _____

Location of Passbook: _____

Bank: _____

City: _____

State: _____ Telephone: _____

Checking Account#: _____

Savings Account#: _____

Location of Passbook: _____

Insurance Advisor: _____

Company: _____

Telephone: _____

Location of Policy: _____

Beneficiary: _____

Insurance Advisor: _____

Company: _____

Telephone: _____

Location of Policy: _____

Beneficiary: _____

Securities

Investment Advisor: _____

Company: _____

Location of Certificates: _____

Other Valuables

Antiques: _____

Locations: _____

Jewelry: _____

Locations: _____

◇ Stocks ◇ Bonds ◇ Real Estate

◇ Certificate of Deposit ◇ IRA/Keogh Plan

Safe Deposit Box

Location of Box: _____

Address: _____

City: _____ State: _____

Telephone: _____ Box Number: _____

Location of Keys: _____

Location of Valuable Documents

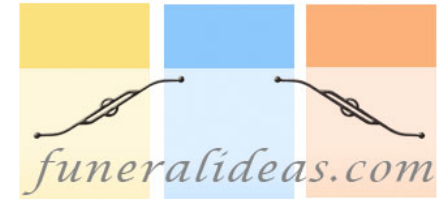
Birth Certificates

Deceased: _____

Spouse: _____

Children's: _____

Planning Worksheet



Marriage Certificate: _____

Real Estate Deeds: _____

Mortgages, Notes: _____

Income Tax Records: _____

Benefit Entitlements

◇ Social Security ◇ Fraternal

◇ Teachers Retirement ◇ Pension

◇ Veterans Administration ◇ Railroad Retirement

Other: _____

Special Considerations

