

INFORMATION REGARDING BURIAL AND OTHER FUNERAL RELATED MATTERS

The following information should be filled in and kept with your important papers, or in a logical place in your home. Inform your executor or successor Trustee of the location of this document.

1. INFORMATION NEEDED FOR DEATH CERTIFICATE		
	<u>HUSBAND</u>	<u>WIFE</u>
Full Birth Name		
Marital Name		
Social Security Number		
Drivers License Number		
Date of Birth		
Place of Birth		
Citizen of U.S.?		
Marital Facts: Place/Date		
Father's Name		
Mother's Maiden Name		
Your Occupation		

2. MILITARY SERVICE INFORMATION		
	<u>HUSBAND</u>	<u>WIFE</u>
In the U.S. Armed Forces? If yes, give dates of service and list wars/actions involved in:	Yes / No	Yes / No
Service Number		
V.A. Number		

3. PRE-ARRANGED FUNERAL/BURIAL PLANS (describe plans, company, and location of related documents): _____

4. YOUR FUNERAL HOME/MORTUARY: _____

5. YOUR BURIAL OR OTHER LIFE INSURANCE (Give name of each company, policy number, and amount): _____

6. SPECIFIC BURIAL/FUNERAL INSTRUCTIONS:

HUSBAND

WIFE

Yes No

Yes No

- | | | | | | |
|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Cremation? | <input type="checkbox"/> | <input type="checkbox"/> | Cremation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Ashes spread where: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Ashes spread where: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Ashes kept in urn? Where? _____ | <input type="checkbox"/> | <input type="checkbox"/> | Ashes kept in urn? Where? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Anatomical gift? | <input type="checkbox"/> | <input type="checkbox"/> | Anatomical gift? |
| <input type="checkbox"/> | <input type="checkbox"/> | Masonic? Other? _____ | <input type="checkbox"/> | <input type="checkbox"/> | Masonic? Other? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Military funeral? | <input type="checkbox"/> | <input type="checkbox"/> | Military funeral? |
| <input type="checkbox"/> | <input type="checkbox"/> | Church service? Name: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Church service? Name: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Funeral home service? | <input type="checkbox"/> | <input type="checkbox"/> | Funeral home service? |
| <input type="checkbox"/> | <input type="checkbox"/> | Rosary service? | <input type="checkbox"/> | <input type="checkbox"/> | Rosary service? |
| <input type="checkbox"/> | <input type="checkbox"/> | Graveside service? | <input type="checkbox"/> | <input type="checkbox"/> | Graveside service? |
| <input type="checkbox"/> | <input type="checkbox"/> | Headstone included? | <input type="checkbox"/> | <input type="checkbox"/> | Headstone included? |
| <input type="checkbox"/> | <input type="checkbox"/> | Open casket? | <input type="checkbox"/> | <input type="checkbox"/> | Open casket? |
| <input type="checkbox"/> | <input type="checkbox"/> | Other instructions: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Other instructions: _____ |

CEMETARY PLOT: Give name and address: _____

Where are deeds/contracts kept? _____

Who has interment rights therein? _____

Space _____ for Husband; Space _____ for Wife; Spaces _____ for _____

7. What you wish your obituary article to mention: ___ church, ___ family members, ___ education, ___ organizations, ___ occupation, ___ pallbearers, ___ honorary pallbearers. Other info (look at some current articles in the newspaper for format): _____

8. List counties and list newspapers in which the obituary should be run: _____

9. Send copy of the obituary to (societies, college, etc.): _____

10. Pianist: _____ Soloist: _____
11. Songs to sing: _____
 Songs NOT to sing: _____
 Music for pianist/organist: _____
12. Pastor/person to officiate the funeral:
 Husband: _____ Wife: _____
13. Flowers? _____ or in lieu of flowers, send donations to:
 Husband's favorite charity/church/organization: _____
 Wife's favorite charity/church/organization: _____
14. Pallbearers: ___ Picked by spouse/executor; ___ Picked by funeral home; ___ Picked by church? Which? _____
 Husband: _____
 Wife: _____
15. Honorary Pallbearers? _____ If so, list for:
 Husband: _____
 Wife: _____
16. Favorite scripture/poem/inscription to be placed in funeral brochure:
 Husband: _____
 Wife: _____
17. Headstone markings:
 Husband: _____
 Wife: _____
18. Articles of clothing, jewelry, glasses, etc. to be worn in casket:
 Husband: _____
 Wife: _____