

Armed Forces

Branch of Service: _____ Service Number: _____

Date Entered: _____ Place of Entry: _____

Type of Separation or Discharge of Service: _____ Date: _____

Place of Discharge: _____

Location of Military Discharge Papers (DD214): _____

Highest Grade, Rank or Rating Received: _____

Wars/Conflicts Served: _____

Additional Information/Medals/Honors/Citations: _____

Children, Relatives, Friends

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Number of Grandchildren: _____ Number of Great-Grandchildren: _____

Preceded in death by _____

Local Emergency Contacts

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Important Information For Your Family's Use

Do you have a will or living trust? Yes No

Attorney who wrote document: _____ Executor of Estate: _____

Do you have a living will? Yes No Location: _____

Important papers are located at: _____

Memorial Instructions

Funeral Home: _____ Phone: _____

Church Preference: _____ Phone: _____

Officiant: _____ Phone: _____

Disposition Preference: Burial Mausoleum Entombment Cremation

Memorial service to be held at: Funeral Home Church Graveside
 Other: _____

Visitation/Friends calling: Yes No Casket: Opened Closed

Participating fraternal, military or service organization: _____

Obituary: Yes No Photo Newspaper(s): _____

Pallbearers: _____

Flowers (describe): _____

Favorite religious passages, quotations, poems: _____

Favorite musical selections: _____

Specify requests to be performed at service: _____

Contributions (Name of charity): _____

Flag (if veteran): Folded Draped Given to: _____

Specific clothing (describe): _____

Glasses to be worn: Yes No After viewing, removed and given to: _____

Jewelry to be worn: Yes No After viewing, removed and given to: _____

Specific jewelry (describe:) _____

Cemetery Instruction

Cemetery property owned: Yes No Cemetery: _____

Address: _____

City: _____ State: _____ Phone: _____

Location: Section/Garden: _____ Lot: _____ Space: _____

Marker owned: Yes No

Cremation memorialization: Niche Burial Other: _____

Additional instructions: _____

The preceding information represents my personal wishes for the purposes of assisting my family in making funeral and cemetery arrangements at the time of my death.

Signature: _____ Date: _____

Funeral Planning Professional: _____