

FAMILY INFORMATION GUIDE

VITAL STATISTICS AND HISTORICAL DATA

Full Name _____ Phone (____) _____

Address _____ City _____ County _____

State _____ Zip _____ Birthdate _____ Birthplace _____

In City Since _____ In County Since _____ In State Since _____

Single _____ Married _____ Widowed _____ Divorced _____

Social Security No. _____ Union Local _____ No. _____

Employed By (or retired from) _____ Job Title _____

Father's Name _____ Living Yes ☐ No ☐ Birthplace _____

Mother's Maiden Name _____ Living Yes ☐ No ☐ Birthplace _____

VETERANS INFORMATION

Branch of Service _____ Name of War _____ Rank and Rate at Discharge _____

Service Number _____ V.A. Claim Number _____

Place of Enlistment _____ Place of Discharge _____

Enlistment Dates: _____ to _____ Location of Discharge Papers: In Home _____ Other _____

SPOUSE VITAL STATISTICS AND HISTORICAL DATA

Full Name _____ Living Yes ☐ No ☐ Date of Death _____

Birthdate _____ Birthplace _____ Social Security Number _____

PERSONS TO BE NOTIFIED

In the event of an emergency, please notify the following people to assist in any further arrangements. (Relatives, Friends, Neighbors)

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

PERSON TO BE IN CHARGE OF FINAL ARRANGEMENTS:

Name _____

Address _____ City/State _____ Phone _____

LAST WILL AND TESTAMENT

I Have Prepared My Will: Husband _____ Wife _____

My Attorney Is _____ City _____ Phone _____

Executor/Executrix _____ Relationship _____ Phone _____

Papers Are On File: Where _____

I Have A Living Will: Yes ☐ No ☐ Location _____

ESTATE INFORMATION			
INSURANCE	COMPANY	POLICY NUMBER	AMOUNT
Life	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Group Coverage	_____	_____	\$ _____
	_____	_____	\$ _____
Hospital & Medical	_____	_____	
	_____	_____	

FINANCIAL INSTITUTION INFORMATION

Name of Institution _____ Phone _____

Address _____ City _____ State _____ Zip _____

Account Number _____ Checking/Share Draft ☐ Savings ☐

Name of Institution _____ Phone _____

Address _____ City _____ State _____ Zip _____

Account Number _____ Checking/Share Draft ☐ Savings ☐

FUNERAL SERVICE REQUESTS

Funeral Home _____ Chapel _____ City _____

Church Denomination _____ Minister _____

Mass: Yes ☐ No ☐ Rosary: Yes ☐ No ☐ Place of Service: Funeral Home ☐ Church ☐ Graveside ☐

I prefer: Earth Burial ☐ Mausoleum ☐ Cremation ☐ I have Purchased Lots: Yes ☐ No ☐

My Choice of Cemetery Is _____ Location _____

City _____ State _____

If Interment Is To Be Elsewhere: Ship to _____ Funeral Home _____

City _____ State _____ Phone _____

Glasses: Yes ☐ No ☐ Jewelry: Yes ☐ No ☐ Clothing: My Own ☐ New ☐

Special Instructions: _____

_____ Counselor: _____

Signature _____ Date _____