

Historical Record

Name _____
 Address _____
 City _____ County _____ State _____
 Zip _____ Telephone _____
 Birth Date _____ Age _____
 Birthplace: City _____ County _____
 Education: _____
 Occupation (Previous if retired) _____
 Employer (Or retired from) _____
 Marital Status: Single _____ Married _____ Widowed _____ Divorced _____
 Spouse Name _____
 Maiden Name _____
 Date of Marriage _____ Place of Marriage _____
 In State Since _____ In City Since _____
 Moved From _____
 Social Security Number _____
 Name of Father _____
 Date if deceased _____ Birthplace (City) _____ (State) _____
 Name of Mother (Maiden) _____
 Date if deceased _____ Birthplace (City) _____ (State) _____

Veteran Information

Name of War _____ Service Number _____
 Branch of Service _____
 Place Inducted _____ Date _____
 Place Discharged _____ Date _____
 Rank/Rate when discharged _____
 Discharge Papers Located _____
 Flag to drape casket: Yes No

Names of Children

Name _____
 Address _____ Phone No. _____
 Name _____
 Address _____ Phone No. _____
 Name _____
 Address _____ Phone No. _____
 Name _____
 Address _____ Phone No. _____
 Name _____
 Address _____ Phone No. _____
 Name _____
 Address _____ Phone No. _____
 Name _____
 Address _____ Phone No. _____

Personal Wishes and Desires

This is information families never discuss—especially the children. But yet, if something had happened to you last night, these are the questions your funeral director would be asking your family today.

Would you have had your service:

At the funeral home the church other

What is the name of your church? _____

Who's your favorite minister, priest or rabbi? _____

Are there any readings or scriptures that are special to you?

Many people have a favorite song or hymn. What's yours?

Some families prefer a memorial donation instead of flowers.

What is your feeling?

Memorial Donation Flowers Both

What clothing would you prefer? _____

Would you like to wear jewelry? Yes No

To be removed? Yes No

Would you like to wear your eyeglasses? Yes No

Do you have cemetery property? Yes No

(Name and Location of Cemetery ~ Lot # Space #)

Most families prefer to have friends, neighbors, or relatives serve as pallbearers. Who would you prefer?

Active Pallbearers		Honorary Pallbearers	
Name	Phone	Name	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Brothers & Sisters

Name _____ Relationship _____
 Address _____
 Name _____ Relationship _____
 Address _____
 Name _____ Relationship _____
 Address _____
 Name _____ Relationship _____
 Address _____
 Name _____ Relationship _____
 Address _____
 Name _____ Relationship _____
 Address _____
 Name _____ Relationship _____
 Address _____

Additional Information

This is where we list your closest friends in the event your family needs help at the time of need by:

• Notifying friends

• Handling sympathetic phone calls

• Running errands

• Helping out-of-town guests

1. _____
 2. _____
 3. _____
 4. _____

Signature

Date

Counselor's Signature and Number