

Favorite Hymns (for use in funeral, memorial service)

\_\_\_\_ To be played \_\_\_\_ or Sung  
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Favorite Organ or other Instrumental Music: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person(s) to conduct my services:

My current Pastor (most appropriate person) \_\_\_\_\_  
(Name) (Address) (Phone)

Other \_\_\_\_\_

For the Service, I want the following persons to be invited to speak/share remembrances:  
(Name) (Relationship) (Phone)

Pallbearers: \_\_\_\_\_  
(Name) (Phone)

Other Information I want known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PUTTING MY HOUSE IN ORDER

Here is a form that will provide needed information for those responsible to plan and handle the service(s) (Funeral, memorial, graveside, disposition of ashes) after your death in the manner appropriate to your wishes.

\_\_\_\_ Funeral Director \_\_\_\_ Family \_\_\_\_ Pastor \_\_\_\_ Lock Box \_\_\_\_ (\_\_\_\_)

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ VA Claim Number \_\_\_\_\_

My remains are to be: \_\_\_\_\_ If cremated, my ashes are to be: \_\_\_\_\_  
(buried, cremated, entombed) (buried, scattered, or \_\_\_\_)

Arrangements have been/should be made with: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Service at \_\_\_\_\_ Burial at \_\_\_\_\_

Services desired: \_\_\_\_\_ Funeral service (soon after death with body or ashes present followed by graveside service)  
\_\_\_\_\_ Memorial service (soon or later without body or ashes present)  
\_\_\_\_\_ Graveside service only  
\_\_\_\_\_ Graveside service for family only followed by memorial service

I \_\_\_\_\_ want newspaper notices published for \_\_\_\_\_ with photo \_\_\_\_\_ in \_\_\_\_\_  
(do/do not) (number of days) (Yes/no)  
\_\_\_\_\_  
(names of newspapers and cities)

I prefer \_\_\_\_\_ flowers be sent \_\_\_\_\_  
(yes/no)  
In lieu of flowers, send memorial gifts be to: \_\_\_\_\_

I \_\_\_\_\_ wish to donate my body for: \_\_\_\_\_ transplant to give life to others  
(do/do not) \_\_\_\_\_ a medical school for teaching & research

Institution/hospital to receive by body \_\_\_\_\_

Name of executor or designated person to provide this information and approve plans: \_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
(signature of person) (Relationship)

\_\_\_\_\_  
(address) (phone)

Location of will: \_\_\_\_\_

Location of important papers: \_\_\_\_\_

Your Doctor \_\_\_\_\_  
(Name) (Address) (Phone)

Military Service \_\_\_\_\_  
(Branch) (Rank) (Serial Number)  
\_\_\_\_\_  
(Place/Date of Entry) (Place/Date of Discharge)

High School \_\_\_\_\_

College or University Years  
(Years) (Name of School) (Location) (Degree Earned)

Places Lived (City/Town) \_\_\_\_\_ (Dates) \_\_\_\_\_

Resident in Current Location (Number of Years) \_\_\_\_\_

Professional/Social Memberships \_\_\_\_\_

Positions Held/Honors \_\_\_\_\_

Hobbies/Special Interests \_\_\_\_\_

Favorite Scripture Passages (for use in funeral, graveside, memorial service(s):

### VITAL STATISTICS

Date Filled Out \_\_\_\_\_ Date Revised \_\_\_\_\_

Your Full Name \_\_\_\_\_  
(First) (Middle) (Last)

Your Street Address \_\_\_\_\_  
(City/town) (State) (Zip) (Phone)

Your Marital Status \_\_\_\_\_  
(Single, Married, Widowed, Divorced)

Name of Spouse \_\_\_\_\_

Your Occupations (a) \_\_\_\_\_  
(Kind of business/industry in which worked when employed/Company name)

(b) \_\_\_\_\_  
(Kind of work done during most of working life)

Your Birthday \_\_\_\_\_ Age \_\_\_\_\_  
(Month) (Day) (Year) (At Last Birthday)

Your Birthplace \_\_\_\_\_

Your Mother's Name \_\_\_\_\_  
(First) (Middle) (Maiden) (Married)

Your Father's Name \_\_\_\_\_  
(First) (Middle) (Last)

Your Parents' Occupations \_\_\_\_\_  
(Mother's) (Father's)

Your Next of Kin \_\_\_\_\_  
(Name) (Address) (Phone)

Names of Family Members (Spouse, Children, Sisters, Brothers, Grandparents, etc.)

Name	Relationship	Living/Deceased	Current Address
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