

SURVIVORS: List survivors giving full name, address, telephone no. and relationship to you. If more space is needed use an additional sheet.

1. _____
Name _____ Tel. No. _____

Address _____

2. _____
Name _____ Tel. No. _____

Address _____

3. _____
Name _____ Tel. No. _____

Address _____

4. _____
Name _____ Tel. No. _____

Address _____

ABOUT OTHERS: In case of emergency please notify the following people.

1. _____
Name _____ Tel. No. _____

Address _____

2. _____
Name _____ Tel. No. _____

Address _____

VETERANS

Name of War _____ Serial Number _____

Date and Place of Induction _____

Date and Place of Discharge _____

Branch of Service _____ Rank at Discharge _____

ABOUT MY ESTATE

Attorney's name _____ Tel. No. _____

Address _____

I have executed the following _____

Will Living Will Health Care Proxy Power of Attorney

They are located _____

My executor _____ Tel. No. _____

VALUABLE PAPERS:

Location of valuable papers i.e. birth certificate, marriage certificates list of accounts.

ABOUT MY BODY: (check one of the following)

Burial _____ Entombment _____ Cremation _____

Have you filled out a Uniform Organ Donor Card? Yes No My card can be found

My body/ ashes are to be buried or entombed at _____

_____ Cemetery Lot Number _____

ABOUT MY FUNERAL:

Name of funeral home. _____ Tel. No. _____

A Christian service shall be held at: _____

The service will be held with / without (circle one) my body present.

Specifics for the service:

Favorite Hymns: _____

Poem: _____

Scripture: _____

Pall Bearers: _____

Do you wish calling hours before the service? _____

Do you wish flowers? _____ If you wish gifts to go to a memorial fund rather than sending flowers, indicate the cause(s) you prefer:

BIOGRAPHICAL INFORMATION:

This space is for biographical information that will be of great assistance to your survivors who may wish detail information. Please include education, fraternal or professional organizations, civic organizations. Special honors or achievements, etc.. If additional space is needed - attach another page here.

NAME _____
Last First MI TEL. NO. _____

ADDRESS _____
Street City State S. S. NO. _____

**INFORMATION AND INSTRUCTIONS
AT THE TIME OF MY DEATH**

(Please attach an additional sheet, if necessary.)

ABOUT MYSELF

Date of Birth _____ Birthplace _____

Marital Status
Single _____ Married _____ Divorced _____ Widowed _____
Date Date Date

Occupation _____ How Long _____

Previous Employment _____

Church Affiliation _____ Member Yes No

Church Address _____

Clergy to Notify _____ Tel. NO. _____

ABOUT MY SPOUSE

Name _____

Address _____ Tel. No. _____

Occupation _____

If your spouse predeceased you, what year? _____

MY PARENTS

Father's Full Name _____

Mother's Full Name _____

Are both parents living? _____