

# MEMORIAL GUIDE WORKSHEET

TO MY FAMILY -- It has been my wish to spare you worry, anxiety, and expense in the event of my death. Through the Memorial Guide I have been able to select many arrangements in advance of need. Below are detailed suggestions to guide you in making final arrangements, together with information that will be required to complete the necessary legal records.

## VITAL STATISTICS

Full Name \_\_\_\_\_  
Birthplace: City \_\_\_\_\_ State \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
Name of Spouse \_\_\_\_\_  
Date of Marriage \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Occupation \_\_\_\_\_  
\_\_\_\_\_

## MILITARY RECORD

Name of War \_\_\_\_\_ Serial No. \_\_\_\_\_  
Date of Induction \_\_\_\_\_  
Date of Discharge \_\_\_\_\_  
Branch of Service \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

## INSURANCE INFORMATION

Company	Amount	Type
_____	_____	_____
_____	_____	_____
_____	_____	_____

## NEIGHBORS - FRIENDS / NOTIFY

Name \_\_\_\_\_ PH \_\_\_\_\_  
Name \_\_\_\_\_ PH \_\_\_\_\_  
Name \_\_\_\_\_ PH \_\_\_\_\_  
Name \_\_\_\_\_ PH \_\_\_\_\_

## CHILDREN / NOTIFY

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Spouse \_\_\_\_\_ Phone \_\_\_\_\_  
Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Spouse \_\_\_\_\_ Phone \_\_\_\_\_  
Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Spouse \_\_\_\_\_ Phone \_\_\_\_\_

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Spouse \_\_\_\_\_ Phone \_\_\_\_\_  
Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Spouse \_\_\_\_\_ Phone \_\_\_\_\_

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Spouse \_\_\_\_\_ Phone \_\_\_\_\_

## BROTHERS & SISTERS / NOTIFY

Name \_\_\_\_\_ PH \_\_\_\_\_  
Name \_\_\_\_\_ PH \_\_\_\_\_  
Name \_\_\_\_\_ PH \_\_\_\_\_  
Name \_\_\_\_\_ PH \_\_\_\_\_  
Name \_\_\_\_\_ PH \_\_\_\_\_  
Name \_\_\_\_\_ PH \_\_\_\_\_

**FUNERAL SERVICE REQUESTS**

Person(s) in Charge \_\_\_\_\_

Relationship \_\_\_\_\_ PH \_\_\_\_\_

Religious Preference \_\_\_\_\_

Place of Service:  Church  Mortuary  Cemetery

Viewing:  Yes  No  
 Evening  Prior to Service  
 Casket Open  Casket Closed

Persons to Pray \_\_\_\_\_

Persons to Speak \_\_\_\_\_

Music Preference \_\_\_\_\_

Jewelry \_\_\_\_\_

Glasses \_\_\_\_\_

Flower Preference \_\_\_\_\_

Clothing \_\_\_\_\_

Obituary  Yes  No Which Papers: \_\_\_\_\_

Mortuary Preferred \_\_\_\_\_

Casket Description / Color \_\_\_\_\_

Professional Staff \_\_\_\_\_

Facilities \_\_\_\_\_

Vehicles \_\_\_\_\_

Misc.: Programs, register book, honorariums, transportation, taxes, hairdresser, music, death certificates \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INTERMENT REQUESTS**

I Prefer:  Earth Burial  Cremation  
Above Ground - Mausoleum \_\_\_\_\_

Cemetery Preference \_\_\_\_\_

I have  have not  reserved burial spaces

Opening and Closing \_\_\_\_\_

Type of Vault:  Regular  Sealed \_\_\_\_\_

Type of Memorial:  Individual  Companion  
 Bronze  Granite \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I respectfully request that the above suggestions be considered as closely as possible in completing my final arrangements.

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**ALLOWANCE FOR FUNERAL SERVICE**

Your Social Security Allowance (approx.) \$ \_\_\_\_\_

Your Veterans' Burial Allowance . . . . . \$ \_\_\_\_\_

Your Other Allowances . . . . . \$ \_\_\_\_\_

Your Sentinel Expense Plan . . . . . \$ \_\_\_\_\_

Total . . . . . \$ \_\_\_\_\_