

# Family Information Guide

My Full Name				
Phone Numbers	Home	Cell		
Legal Address				
Residence Address				
Date of Birth				
Birthplace				
Resident of city since				
Resident of state since				
Resident of country since				
Marital status	Single	Married	Divorced	Widowed
Social Security Number				
Employed by/ Retired from				
Union Local			Number	
Job Title				
Father's full name			Living?	Birthplace
Mother's full birth name			Living?	Birthplace
Mother's full name now				
<b>Date completed</b>				

## Veterans Information

Branch of Service		
Name of War		
Rank and Rate at Discharge		
Service Number		
VA Claim Number		
Place of Enlistment		
Place of Discharge		
Enlistment Dates	From	To
Location of Discharge Papers		

## Most Recent Spouse Vital Statistics and Historical Data

Full Name	
Birthdate	
Birthplace	
Social Security Number	
Living?	
Date of Death	

## Persons to be Notified of My Death

<b>Name</b>		<b>Address</b>
<b>Relationship</b>		
<b>Best Phone</b>		
<b>Name</b>		<b>Address</b>
<b>Relationship</b>		
<b>Best Phone</b>		
<b>Name</b>		<b>Address</b>
<b>Relationship</b>		
<b>Best Phone</b>		

## Burial Arrangements

<b>Agent/s</b>		<b>Address</b>
<b>Phone</b>		
<b>My memorial service preferences (if any)</b>		
<b>Gifts in lieu of flowers to</b>		
<b>My burial preferences (if any)</b>		

Last Will and Testament		
I have prepared my will	Yes	No
My attorney is:	City	Phone
My Executor/Executrix is:	Relationship	Phone
Papers are on file at:	Address	
I have an advance directive	Yes	No
My advance directive is on file at:	Address	
My healthcare agent(s) are:	Name	Phone
	Name	Phone
	Name	Phone
<b>Signature</b>	Date	

Personal Insurance Information			
	Company	Policy Number	Amount
Life Insurance			
Group Coverage			
Health			
Long Term Care			
Burial			

## Automatic Payments

Bank	Payee

## Insurance

	Company	Agent	Policy Number	Policy Type
Homeowners				
Fire				
Auto				
Liability				
Other				

## Service Accounts

Utility	Company	Account Number
Phone		
Cellular		
Cable		
Satellite		
Internet		
Electricity		
Water		
Sewer		
Heating Oil		
Mowing		
Plowing		
Cleaning		
Caretaker		
Other		

# Information for Funeral Homes

Full name (including maiden name) of deceased

Residence Address

Father's full name

Mother's full name

Next of Kin

Relationship

Date of Death/Time of Death

Place of Death (facility and street address, town, and county)

Date of Birth

Birthplace

Most Recent Spouse (include maiden name)

Marital Status

Social Security Number

Education Attained

Ancestry

Primary Occupation (do not answer "retired")

Certified Copies of Death Certificate Requested (list number, mailing address)

Armed forces? If yes, list branch, DD214 provided?

Date of Entry/Date of Discharge/Serial #

Highest Rank Attained/Military Honors

Head Stone

## Financial Institution Information

Financial Institution Name	Account Number	Account Type	Phone	Address	Co-Holders/Other Signatories

## Safe Deposit Boxes

Bank	Signatories	Bank Address
Signature		Date completed





# Funeral Service Requests

Funeral Home		City		
Church	Denomination	Officiant		
Instructions for worship				
<h2 style="margin: 0;">Burial</h2>				
I prefer:	Earth burial	Mausoleum	Cremation	Green Burial
My cemetery preference is:	Name		City	State
If interment is to be elsewhere, ship to:	Funeral Home	City	State	Phone
	My glasses	Jewelry	New Clothes	My Own Clothes
Please include				
Special Instructions				
Counselor				
Signature			Date Completed	