FUNERAL PLANNING: PERSONAL INFORMATION

A form to help you record important personal information for use in planning a funeral, informing friends and relatives, and writing an obituary.

Important Personal Information

For My Family

| PERSONAL INFORMATION | | |
|-------------------------|-------------------------|--|
| Full Name: | | |
| Address: | | |
| City, State, Zip: | | |
| Place of Birth: | Date of Birth: | |
| Country of Citizenship: | Social Security Number: | |
| Spouse's Name: | Maiden Name: | |
| Religious Affiliation: | Place of Worship: | |
| EDUCATION | | |
| High School: | Institution: | |
| Undergraduate Degree: | Institution: | |
| Graduate Degree: | Institution: | |

| CAREER INFORMATION | | |
|--|--------------|--|
| Employed as: | How long? | |
| Employed as: | How long? | |
| Employed as: | How long? | |
| MILITARY IN | FORMATION | |
| Serial Number: | Rank: | |
| Branch of Service: | War Service? | |
| You may be entitled to full military honors in one of the national cemeteries. There is no charge for service of burial and your spouse may qualify as well. Check with the Veterans' Affairs Department Office, toll free 800-827-1000. Please note that discharge papers are necessary to file for benefits. | | |
| OTHER ACTIVITIES | | |
| Involvement in community or national organizations, clubs, affiliations, or volunteer work: | | |
| Favorite pastimes, hobbies: | | |

| PARENTS | | |
|-----------------------|-----------------------|--|
| Father's name: | Place of Birth: | |
| Mother's name: | Place of Birth: | |
| CHILDREN | | |
| Name: | Name: | |
| Address: | Address: | |
| Phone: | Phone: | |
| Special Instructions: | Special Instruction: | |
| Name: | Name: | |
| Address: | Address: | |
| Phone: | Phone: | |
| Special Instructions: | Special Instructions: | |

| SIBLINGS | | |
|-----------------------|-----------------------|--|
| Name: | Name: | |
| Address: | Address: | |
| Phone: | Phone: | |
| Special Instructions: | Special Instructions: | |
| Name: | Name: | |
| Address: | Address: | |
| Phone: | Phone: | |
| Special Instructions: | Special Instructions: | |

| RELATIVES TO BE INFORMED AT TIME OF DEATH | | | |
|---|-----------|--------|--|
| Name: | Relation: | Phone: | |

