

Preferences and Records in Preparation for My Burial

Date: _____

Amended: _____

Amended: _____

Amended: _____

Full Name: _____

Present Address: _____

Phone Number: Home: _____

Cell: _____

Email Address: _____

Social Security Number: _____

Birthplace: _____
City State County

Date of Birth: _____

NOTES:

Father's Full Name: _____

Deceased: Yes____ No____

Address (if living): _____

City State ZIP

Phone (if living): _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Mother's Full Name: _____

Deceased: Yes____ No____

Address (if living): _____

City State ZIP

Phone (if living): _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Present Marital Status:

Married ____ Single ____ Committed Relationship: ____

Legal Union: ____ Widowed ____ Divorced ____

Partnership: ____

Name of Spouse or Partner: _____

Deceased: Yes____ No____

Marriage Date: _____

Birthdate: _____

Place of Birth: _____

Occupation: _____

Date Deceased: _____

Date Divorced: _____

Date Widowed: _____

Notes:

Names of Children and Place(s) of Residence:

Grandchildren:

Sibling(s)—Place(s) of Residence:

Notes:

Schools Attended and Degrees Earned

Current Occupation (short synopsis):

Previous Occupation(s) (Dates):

Previous Residences (Should the local media be informed of your death?):

Military Service (Date of enlistment and discharge):

(Contact Veteran’s Administration for possible Death Benefits and or burial plots)

Church Membership:

Name of Church where service will be held:

City	State	ZIP	Phone
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Baptized--Where and When:

Confirmed—Where and When:

Community Service:

Associations, Clubs, Organizations (Include offices held):

Political Offices Held:

Church and Community Activities:

Labor Unions:

Instructions for the Burial Service:

Clergy Person To Be Notified of My Death:

Name: _____ Phone: _____

Funeral Home: _____ Phone: _____

Circumstances Permitting, I wish to have the service held at:

Church: _____

Cremation (Yes or No)? _____

Circumstances permitting, I wish to be buried or my ashes interred at:

Cemetery: _____

Clergy Person to Preside:

Name	Phone

Clergy to Participate:

Name	Phone

Eucharist (Yes or No): _____

Calling Hours (Yes or No): _____

At Church or Funeral Home or Residence: _____

Charity(s) in Lieu of Flowers:

Pall Bearers:

Ushers:

Readers:

Eulogists:

Instructions with regard to casket or urn:

Location of My Will:

Executor: _____

Address and Phone: _____

Attorney: _____

Address and Phone: _____

Bank: _____

Safe Deposit Box: _____

Insurance Policies: _____

NOTES:

Preferred Hymns (in consultation with clergy):

Preferred Readings from Scripture (in consultation with clergy):

Old Testament:

Psalm:

Epistle:

Gospel:

Other Readings:

Notes:
