PERSONAL HISTORY

This portfolio is designed to guide you and those close to you through the funeral planning process. By recording vital information and personal preferences now, you will know you have eased the burden for your loved ones.

My Planning Guide is a valuable record. It offers guidance your survivors will need. If you have questions regarding any aspect of funeral planning, ask your funeral planning professional.

VITAL STATISTICS

Date: ____

Name:	Middle	Maiden Name	Last	
Address:				
City	County	State	ZIP	
Sex: Male Female Home Phone:_				
Social Security Number:		Race:		
Place of Birth:	County	State	Country	
Date of Birth:				
In city since: Moved from:		Year:		
Marital Status: Married Place:	Date:	Never married Wido	wed Divorced	
Name of Spouse/Partner: (Maiden name, if a	pplicable)			
ather's Name:		Father's Place of Birth:	_ Father's Place of Birth:	
Mother's Maiden: First Middle				
Usual Occupation:				
Employer: Years in Occupation				
Employer.				
		ry College	(1.4 or 51)	
Education (highest grade completed): Elem	nentary/Seconda			
	nentary/Seconda			
Education (highest grade completed): Elem School(s) attended / Degree(s) earned:	nentary/Seconda			
Education (highest grade completed): Elem School(s) attended / Degree(s) earned:	nentary/Seconda			
Education (highest grade completed): Elem School(s) attended / Degree(s) earned: Church, Lodges, Memberships: Hobbies:	nentary/Seconda			
Education (highest grade completed): Elem School(s) attended / Degree(s) earned:Church, Lodges, Memberships:	nentary/Seconda			
Education (highest grade completed): Elem School(s) attended / Degree(s) earned: Church, Lodges, Memberships: Hobbies:	nentary/Seconda			
Education (highest grade completed): Elem School(s) attended/Degree(s) earned: Church, Lodges, Memberships: Hobbies: ARMED FORCES	nentary/Seconda	ce Number:		
Education (highest grade completed): Elem School(s) attended/Degree(s) earned:	nentary/Seconda Servi	ce Number:		
Education (highest grade completed): Elem School(s) attended/Degree(s) earned:	nentary/Seconda Servi	ce Number: e of Entry: Date:		
Education (highest grade completed): Elem School(s) attended / Degree(s) earned: Church, Lodges, Memberships: Hobbies: ARMED FORCES Branch of Service: Date Entered: Type of Separation or Discharge of Service: Place of Discharge: Place of Discharge: Place of Discharge: Place of Discharge Place of Discharge: Place Place of Discharge: Place	nentary/Seconda Servi	ce Number: e of Entry: Date:		
Education (highest grade completed): Elem School(s) attended/Degree(s) earned: Church, Lodges, Memberships: Hobbies: ARMED FORCES Branch of Service: Date Entered: Type of Separation or Discharge of Service:	nentary/Seconda Servi Place	ce Number: e of Entry: Date:		
Education (highest grade completed): Elem School(s) attended/Degree(s) earned: Church, Lodges, Memberships: Hobbies: ARMED FORCES Branch of Service: Date Entered: Type of Separation or Discharge of Service: Place of Discharge: Location of Military Discharge Papers (DD214)	nentary/Seconda Servi Place	ce Number: e of Entry: Date:		



CHILDREN, RELATIVES, FRIENDS

Harrie.	Relationship:	Home Phone:
Address:		Other Phone:
Name:	Relationship:	Home Phone:
Address:		Other Phone:
Name:	Relationship:	Home Phone:
Address:		Other Phone:
Name:	Relationship:	Home Phone:
Address:		Other Phone:
Name:	Relationship:	Home Phone:
Address:		Other Phone:
Name:	Relationship:	Home Phone:
Address:		Other Phone:
Name:	Relationship:	Home Phone:
Address:		Other Phone:
Number of Grandchildren	Number o	of Great-Grandchildren
TO BE NOTIFIED This is a lis	st of close friends in the event your family	y needs help: notifying friends, running errands, or house sitting.
Name:		
Address:		Other Phone:
Name:	Relationship:	Home Phone:
Address:		Other Phone:
Name:	Relationship:	Home Phone:
Address:		Other Phone:
Name:	Relationship:	Home Phone:
Address:		Other Phone:
IMPORTANT INFORMA	TION FOR YOUR	FAMILY'S USE
		vrote document:
Executor of Estate:		
Do you have a living will? ☐ Yes ☐	No Location:	
Important papers are located at:		

MEMORIAL INSTRUCTIONS

Funeral Home:	Phone:
Church Preference:	
Officiant:	Phone:
Disposition Preference: Burial Mausoleum Entombment	☐ Cremation
Memorial service to be held at: ☐ Funeral Home ☐ Church ☐ Grav	reside Other:
Visitation/Friends calling: ☐ Yes ☐ No Casket: ☐ Opened ☐	☐ Closed
Participating fraternal, military or service organization:	
Obituary:	
Pallbearers:	
Flowers (describe):	
Favorite religious passages, quotations, poems:	
Favorite musical selections:	
Specific requests to be performed at service:	
Contributions (Name of charity):	
Flag (If veteran):	
Specific clothing (describe):	
Glasses to be worn:	0:
Jewelry to be worn: ☐ Yes ☐ No After viewing, removed and given t	0:
Specific jewelry (describe:)	
CEMETERY INSTRUCTION	
Cemetery property owned: Yes No Cemetery:	
Address:	
City: State: Pho	one:
Location: Section/Garden: Lot: Space:	Marker owned: Yes No
Cremation memorialization: Niche Burial Other:	
Additional instructions:	
For the purpose of assisting my family in making funeral and burial arr the preceding information represents my personal wishes and desires. my family spend \$ for my funeral and burial arrangements.	
Signature:	Date:
Funeral Planning Professional	