## **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?               |  |
|                         | 1                       |  |

| Military Information   |   |  |
|--|---|--|
| Rank:  |   |  |
| War Service?   |   |  |
| cemeteries. There is no charge for services of burial and your spouse may qualify as well. Cf<br>7-1000. Please note that discharge papers are necessary to file for benefits. | nec.  |  |
|  |   |  |
| ations, volunteering:  |   |  |
|  |   |  |
|  |   |  |
| Place of Birth:  |   |  |
| Place of Birth:  |   |  |
|  |   |  |
| Name:  |   |  |
| Address:   |   |  |
| Phone:   |   |  |
| Special Instructions:  |   |  |
| Nama   |   |  |
|  |   |  |
| Address:   |   |  |
| Phone:   |   |  |
| ?  | War Service?  I cemeteries. There is no charge for services of burial and your spouse may qualify as well. Cl 77-1000. Please note that discharge papers are necessary to file for benefits.  Place of Birth:  Place of Birth:  Name:  Address:  Phone:  Special Instructions:  Name:  Address: |  |

| 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: |  |  |
|   |                       |  |  |
|   |                       |  |  |
| On a separate sheet of paper, make a list of all other relatives and friends to be notified at the time of death. |                       |  |  |

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