

MEMORIAL GUIDE WORKSHEET

TO MY FAMILY -- It has been my wish to spare you worry, anxiety, and expense in the event of my death. Through the Memorial Guide I have been able to select many arrangements in advance of need. Below are detailed suggestions to guide you in making final arrangements, together with information that will be required to complete the necessary legal records.

VITAL STATISTICS

Full Name _____
Birthplace: City _____ State _____
Date of Birth _____ Marital Status _____
Name of Spouse _____
Date of Marriage _____
Father's Name _____
Mother's Mladen Name _____
Social Security No. _____
Occupation _____

MILITARY RECORD

Name of War _____ Serial No. _____
Date of Induction _____
Date of Discharge _____
Branch of Service _____ Rank at Discharge _____

INSURANCE INFORMATION

Company	Amount	Type
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEIGHBORS - FRIENDS / NOTIFY

Name _____ PH _____
Name _____ PH _____
Name _____ PH _____
Name _____ PH _____

CHILDREN / NOTIFY

Full Name _____
Address _____
Spouse _____ Phone _____
Full Name _____
Address _____
Spouse _____ Phone _____
Full Name _____
Address _____
Spouse _____ Phone _____

Full Name _____
Address _____
Spouse _____ Phone _____
Full Name _____
Address _____
Spouse _____ Phone _____

Full Name _____
Address _____
Spouse _____ Phone _____

BROTHERS & SISTERS / NOTIFY

Name _____ PH _____
Name _____ PH _____
Name _____ PH _____
Name _____ PH _____
Name _____ PH _____

FUNERAL SERVICE REQUESTS

Person(s) in Charge _____

Relationship _____ PH _____

Religious Preference _____

Place of Service: Church Mortuary Cemetery

Viewing: Yes No
 Evening Prior to Service
 Casket Open Casket Closed

Persons to Pray _____

Persons to Speak _____

Music Preference _____

Jewelry _____

Glasses _____

Flower Preference _____

Clothing _____

Obituary Yes No Which Papers: _____

Mortuary Preferred _____

Casket Description / Color _____

Professional Staff _____

Facilities _____

Vehicles _____

Misc.: Programs, register book, honorariums,
transportation, taxes, hairdresser, music, death
certificates _____

INTERMENT REQUESTS

I Prefer: Earth Burial Cremation
Above Ground - Mausoleum _____

Cemetery Preference _____

I have have not reserved burial spaces

Opening and Closing _____

Type of Vault: Regular Sealed _____

Type of Memorial: Individual Companion
 Bronze Granite _____

Special Instructions _____

I respectfully request that the above suggestions be
considered as closely as possible in completing my
final arrangements.

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

ALLOWANCE FOR FUNERAL SERVICE

Your Social Security Allowance (approx.) \$ _____

Your Veterans' Burial Allowance \$ _____

Your Other Allowances \$ _____

Your Sentinel Expense Plan \$ _____

Total \$ _____