

# Family Information Guide

## VITAL STATISTICS AND HISTORICAL DATA

Full Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: / / \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Union Local: \_\_\_\_\_ Ticket #: \_\_\_\_\_  
Employed by (or retired from): \_\_\_\_\_ Job Title: \_\_\_\_\_  
Fathers Name: \_\_\_\_\_ Living: YES \_\_\_ NO \_\_\_ Birthplace: \_\_\_\_\_  
Mothers Name: \_\_\_\_\_ Living: YES \_\_\_ NO \_\_\_ Birthplace: \_\_\_\_\_

## VETERAN INFORMATION

Branch of Service: \_\_\_\_\_ Name of War: \_\_\_\_\_ Rank/Rate at Discharge: \_\_\_\_\_  
Service Number: \_\_\_\_\_ V.A. Claim Number: \_\_\_\_\_  
Place of Enlistment: \_\_\_\_\_ Place of Discharge: \_\_\_\_\_  
Enlistment Dates: \_\_\_\_\_ to \_\_\_\_\_ Location of Discharge Papers: \_\_\_\_\_

## SPOUSE VITAL STATISTICS AND HISTORICAL DATA

Full Name: \_\_\_\_\_ Living: YES \_\_\_ NO \_\_\_ Date of Death: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Social Security #: \_\_\_\_\_

## PERSONS TO BE NOTIFIED

*\*In the event of an emergency, please notify the following people to assist in any further arrangements.\**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### \*PERSON TO BE IN CHARGE OF FINAL ARRANGEMENTS\*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## LAST WILL AND TESTAMENT

I have prepared my Will: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_  
My Attorney is: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Executor/Executrix: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Papers are on file: \_\_\_\_\_  
I have a Living Will: YES \_\_\_ NO \_\_\_ Location of Living Will: \_\_\_\_\_

## ESTATE INFORMATION

Insurance	Company	Policy Number	Amount
Life	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Group Coverage	_____	_____	\$ _____
	_____	_____	\$ _____
Hospital & Medical	_____	_____	\$ _____
	_____	_____	\$ _____

**FINANCIAL INSTITUTION INFORMATION**

Name of Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

**SAFE DEPOSIT BOX**

Name of Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FUNERAL SERVICE REQUESTS**

Funeral Home: \_\_\_\_\_ Chapel: \_\_\_\_\_ City: \_\_\_\_\_  
Church Denomination: \_\_\_\_\_ Minister: \_\_\_\_\_  
Place of Service: Funeral Home: \_\_\_\_\_ Church: \_\_\_\_\_ Graveside: \_\_\_\_\_  
Mass: YES \_\_\_\_\_ NO \_\_\_\_\_ Rosary: YES \_\_\_\_\_ NO \_\_\_\_\_  
I prefer: Earth Burial \_\_\_\_\_ Mausoleum \_\_\_\_\_ Cremation \_\_\_\_\_  
I have Purchased Lots: YES \_\_\_\_\_ NO \_\_\_\_\_  
My Choice of Cemetery is: \_\_\_\_\_  
Location: \_\_\_\_\_

If Internment is to be Elsewhere Ship to: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Glasses: Yes \_\_\_\_\_ No \_\_\_\_\_ Jewelry: Yes \_\_\_\_\_ No \_\_\_\_\_ Clothing: Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

***This guide should be kept in a safe place at home.  
DO NOT KEEP IN A SAFE DEPOSIT BOX.***