

# OAK RIDGE CEMETERY

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## FUNERAL PLANNING GUIDE

Family Edition



1441 MONUMENT AVE SPRINGFIELD, ILLINOIS 62702

## To Our Loved Ones...

Planning our funeral is really no different than preparing for other major events in our lives.

We have taken the time to understand the options available to us and have made certain selections that reflect our wishes. It is our sincere hope that this "Guide" will assist you at the time of our passing.

Our effort to relieve your burden is founded in the love and commitment we have for each other.

Sign Here...

---

\_\_\_\_\_ Date

---

\_\_\_\_\_ Date



## If you had a death in your family yesterday... what would you be doing today?

Faced with the reality of a loved one's death, survivors must make many decisions that are impacted by emotional and financial considerations.

One of the most difficult burdens survivors face is to locate and organize the deceased's personal and financial records. A primary purpose of this "Funeral Planning Guide" is to record the location of important documents so whomever is planning the funeral, will have access to a complete and accurate source of vital information.

Equally important is communicating your preferences regarding all aspects of the funeral, so loved ones can make arrangements knowing they are following your wishes. The second primary goal of this Guide is to review many of the choices available to you, the decisions that have to be made and the costs that will be incurred.

We encourage you to complete the information at your earliest convenience and update the information as needed. Keep this record in a secure, but accessible place, and make copies for those who will likely be entrusted to make the final arrangements.

**Do not store in a safe deposit box.**

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## Checklist of Things to Do

At the time of death, there are countless things that must be done. The list below contains FORTY-NINE of these, and many are decisions that can be made and information that can be assembled **AHEAD OF TIME**.

The more you do *ahead of time*, the easier you will make it for those left behind.

### NOTIFY: \_\_\_\_\_

- ✓ The Doctor Or Coroner
- ✓ The Funeral Director
- ✓ The Cemetery
- ✓ The Minister And Church
- ✓ All The Relatives
- ✓ All The Friends
- ✓ Employers Of Mourners Who Must Be Absent From Work
- ✓ Organist And Singer
- ✓ Pallbearers
- ✓ Insurance Agents
- ✓ Union & Fraternal Organizations
- ✓ Newspapers
- ✓ Attorney, Accountant Or Executor Of Estate

### DECIDE ON: \_\_\_\_\_

- ✓ Cemetery/Mausoleum Property
- ✓ Memorial or Monument
- ✓ Casket
- ✓ Vault or Outer Burial Container
- ✓ Clothing
- ✓ Flowers
- ✓ Music
- ✓ Food
- ✓ Information for Obituary
- ✓ Time and Place of Service
- ✓ Transportation
- ✓ Cards of Thanks

### IN ADDITION TO: \_\_\_\_\_

- ✓ Providing vital statistics about the Deceased
- ✓ Preparing and signing necessary papers
- ✓ Providing addresses for all interested people who must be notified
- ✓ Answering innumerable sympathetic phone calls, messages and letters
- ✓ Meeting and talking with everyone about all the details
- ✓ Greeting all friends and relatives who call
- ✓ Providing lodging for out-of-town guests
- ✓ Prepare home for visitors
- ✓ Planning funeral car list

### AND, YOU MUST PAY FOR SOME OR ALL OF THE FOLLOWING: \_\_\_\_\_

- ✓ Doctors & Nurses
- ✓ Hospital
- ✓ Medicine & Drugs
- ✓ Funeral
- ✓ Cemetery Property
- ✓ Interment Service
- ✓ Minister
- ✓ Musical Selections
- ✓ Florist
- ✓ Clothing
- ✓ Transportation
- ✓ Telephone
- ✓ Food
- ✓ Memorial or Monument
- ✓ Current or Urgent Bills (mortgage, taxes, etc.)

# Wills and Important Documents



Everyone, regardless of financial status, should be safeguarded by a properly prepared and executed will. Without a will, state laws and the courts will decide how your assets will be distributed and who will get custody of your minor children. A will helps to insure your wishes will be followed after your death and helps to avoid misunderstandings.

Wills drawn up by a qualified professional can save your survivors thousands of dollars in inheritance tax and court costs. Furthermore, the will can help to insure your wishes regarding distribution of your home and other assets will be followed. Estate laws can be very complicated and often prevent “do-it-yourself” wills from standing up in court. You are strongly encouraged to obtain the assistance of a qualified attorney in drafting your will.

## Husband

Date of Will \_\_\_\_\_

Location of Will \_\_\_\_\_

Attorney or Professional Drafter \_\_\_\_\_

Address \_\_\_\_\_

Do you have a Living Will?     Yes     No

Location of Living Will \_\_\_\_\_

List of persons who have a duplicate copy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Wife

Date of Will \_\_\_\_\_

Location of Will \_\_\_\_\_

Attorney or Professional Drafter \_\_\_\_\_

Address \_\_\_\_\_

Do you have a Living Will?     Yes     No

Location of Living Will \_\_\_\_\_

List of persons who have a duplicate copy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Location of Important Papers and Vital Information

## Banks/Savings and Loan Affiliation(s) / Credit Union

◇ Name \_\_\_\_\_ Account # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of Account \_\_\_\_\_ Bank Representative \_\_\_\_\_

◇ Name \_\_\_\_\_ Account # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of Account \_\_\_\_\_ Bank Representative \_\_\_\_\_

◇ Name \_\_\_\_\_ Account # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of Account \_\_\_\_\_ Bank Representative \_\_\_\_\_

## Safety Deposit Box

◇ Name of Institution \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Box Number \_\_\_\_\_ Key Location \_\_\_\_\_

Note: In most states, a decedent's safety deposit box cannot be entered until an executor or administrator has been appointed.

## Important Documents

Birth Certificates \_\_\_\_\_

Marriage Certificates \_\_\_\_\_

Divorce Papers \_\_\_\_\_

Adoption Papers \_\_\_\_\_

Military Discharge \_\_\_\_\_

Deeds \_\_\_\_\_

Title Policies \_\_\_\_\_

Income Tax Records \_\_\_\_\_

Name of Accountant \_\_\_\_\_ Phone \_\_\_\_\_

Stocks and Bonds \_\_\_\_\_

Brokerage Firm \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name of Broker \_\_\_\_\_ Phone \_\_\_\_\_

List of Credit/Bank Debit Cards \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Documents related to anatomical gifts \_\_\_\_\_

Certificate of Ownership for Cemetery Property \_\_\_\_\_

Cemetery Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Other Documents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Location of Important Papers and Vital Information



## Important Documents

◇ Name of Insured \_\_\_\_\_ Beneficiary \_\_\_\_\_  
Amount \_\_\_\_\_ Policy # \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Local Agent \_\_\_\_\_  
Agent Address \_\_\_\_\_ Phone \_\_\_\_\_  
Location of Policy \_\_\_\_\_  
Has this policy been assigned or pledged?     Yes     No

◇ Name of Insured \_\_\_\_\_ Beneficiary \_\_\_\_\_  
Amount \_\_\_\_\_ Policy # \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Local Agent \_\_\_\_\_  
Agent Address \_\_\_\_\_ Phone \_\_\_\_\_  
Location of Policy \_\_\_\_\_  
Has this policy been assigned or pledged?     Yes     No

◇ Name of Insured \_\_\_\_\_ Beneficiary \_\_\_\_\_  
Amount \_\_\_\_\_ Policy # \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Local Agent \_\_\_\_\_  
Agent Address \_\_\_\_\_ Phone \_\_\_\_\_  
Location of Policy \_\_\_\_\_  
Has this policy been assigned or pledged?     Yes     No

### *Recommendations...*

- **Insurance claims are NOT automatic – make others aware of your policies**
- **Most life insurance claims require a CERTIFIED copy of the death certificate**
- **An annual review with your agent of all policies, beneficiaries and cash surrender values is recommended**
- **Provide a duplicate of this page to at least one other person**



# Husband's Personal Status and History

Full Name \_\_\_\_\_  
First Middle Last

Residence Address \_\_\_\_\_  
Street City State Zip

Birthplace \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_  
Wife's Maiden Name

Marriage: Place \_\_\_\_\_ Date \_\_\_\_\_

Name & Birthplace of Father \_\_\_\_\_

Name & Birthplace of Mother \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_

Retirement plan?  Yes  No Life Insurance?  Yes  No

Professional/Personal Achievements \_\_\_\_\_

Schools Attended:

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

Civic or Public Offices Held \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
office held

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
office held

Veteran:  Yes  No Branch of Service \_\_\_\_\_ Serial # \_\_\_\_\_

Name of War or Dates Served \_\_\_\_\_

Organization \_\_\_\_\_ Rank \_\_\_\_\_

Enlisted At \_\_\_\_\_ Date \_\_\_\_\_

Discharged At \_\_\_\_\_ Date \_\_\_\_\_

Location of Discharge Certificate \_\_\_\_\_

Citations, Recognitions or Awards \_\_\_\_\_







## Veteran's Benefits

While veteran's benefits and allowances change periodically, it is important that you are aware of the benefits you may be entitled to and the proper procedure for claiming them.

We suggest you contact your local Veterans Administration Offices listed in the telephone book under "United States Government...Veterans Administration" at time of death. These benefits are **NOT AUTOMATICALLY PAID** and must be claimed following proper procedures to receive the applicable benefits at the time.

In most cases, the following documents will be needed to file a claim:

- Certified Copy of Death Certificate
- Veteran's Discharge Papers
- Copy of Marriage License Certificate
- Birth Certificate of Veteran's Minor Children
- Receipt of Itemized Funeral/Cemetery Bills

To obtain current information on benefits you may be entitled to and claims procedures you may write...

**DEPARTMENT OF VETERAN'S AFFAIRS**

**810 VERMONT AVENUE, N.W.**

**WASHINGTON, D.C. 20420**

Or, contact your local Veteran's Administration Office which is located at ...

\_\_\_\_\_

address

\_\_\_\_\_

phone

\_\_\_\_\_

city

\_\_\_\_\_

contact

# Social Security Benefits



A surviving spouse often has claim to both monthly support payments as well as certain death benefits. In addition, benefits may be permitted for children less than 18 years of age. These benefits are NOT AUTOMATIC and must be claimed by contacting you nearest office listed in the telephone book under "United States Government...Health, Education, and Welfare Department - Social Security Administration." When making a claim, be sure to request a list of documents you will be required to produce in order to avoid time delays.

An annual check with the Social Security Administration is recommended to insure that the proper amounts from your paychecks are being credited to your account. To obtain your "Statement of Earnings" record, simply drop them a postcard stating the nature of your request, name, address, Social Security number, date of birth, and your signature.

In order to file a claim, most or all of the following documents will be needed:

- Certified Copy of Death Certificate
- Birth Certificate of Deceased
- Social Security Card/Number of Deceased
- Copy of Marriage License Certificate
- Birth Certificate of Applicant
- Birth Certificate of Minor Children
- Disability Proof for Children under 18
- Receipt of Itemized Funeral/Cemetery Bills

To obtain information regarding benefits and claims procedures you may call toll free at 800.722.1213 or write...

**SOCIAL SECURITY ADMINISTRATION**  
**BALTIMORE, MARYLAND 21238**

Or, contact your local Social Security Office which is located at ...

\_\_\_\_\_

address

\_\_\_\_\_

phone

\_\_\_\_\_

city

\_\_\_\_\_

contact



# Financial Status - Liabilities



Liabilities	Date	Date	Date
Notes Payable to banks – secured (schedule E)			
Notes Payable to banks – unsecured (schedule E)			
Notes Payable to others (schedule E)			
Accounts and Bills due (schedule E)			
Unpaid taxes and interest			
Real Estate Mortgages (schedule D)			
Other Debts – itemize:			
<b>Total Liabilities</b>	\$	\$	\$



# Financial Status - Schedules

## SCHEDULE A – U.S. Government And Marketable Securities

<u>No. Of Shares</u>	<u>Description</u>	<u>In Name of</u>	<u>Cost</u>	<u>Market Value</u>

## SCHEDULE B – Unlisted Securities and Other Assets

<u>No. Of Shares</u>	<u>Description</u>	<u>In Name of</u>	<u>Cost</u>	<u>Market Value</u>

## SCHEDULE C – Accounts and Notes Receivable

<u>Due From</u>	<u>Address</u>	<u>Amount</u>

## SCHEDULE D – Real Estate Owned

<u>Address &amp; Type of Property</u>	<u>Title in the Name of</u>	<u>Date Acqrd</u>	<u>Cost</u>	<u>Market Value</u>	<u>Mortgage Value</u>	<u>Mortgage Amount</u>

## SCHEDULE E – Notes Payable and Other Debts

<u>Payable To</u>	<u>Terms</u>	<u>Maturity Date</u>	<u>Net Amt of Loan</u>	<u>Total Amt of Loan</u>

# Anatomical Donations



Advances in medicine have created an increasing need for certain body organs to be used for both transplant and research. If you have an interest in donating your organs, applications for drivers licenses in most states permit you to specify your intent which will be noted on your license. In addition, you are advised to contact your local hospital or medical college to obtain the forms they require.

The most important issue is that you make other aware of your desires. The following form is one way to communicate your intent. Completion of this form, however is no guarantee your directions will be followed.

## Husband

Pursuant to the Uniform Anatomical Gift Act, I wish to make available, effective upon my death...

Check One:

- Any needed organs or parts
- Specific organs listed below

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

## Wife

Pursuant to the Uniform Anatomical Gift Act, I wish to make available, effective upon my death...

Check One:

- Any needed organs or parts
- Specific organs listed below

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

**REMEMBER:** Your ability to donate organs is subject to need at the time of death and conditions of the organs. Donation of anatomical gifts, typically, DOES NOT preclude the need for cemetery property.



# Arrangement Preferences - Wife

Name: \_\_\_\_\_

**CEMETERY NAME** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Counselor \_\_\_\_\_

- ◆ **Type of Arrangement**
- Above-ground Mausoleum Crypt
  - In-ground Interment
  - Lawn Crypt
  - Cremation
  - Other: \_\_\_\_\_

Location if purchased: Section/Building \_\_\_\_\_

Bay/Block \_\_\_\_\_ Lot/Level \_\_\_\_\_ Space Number(s) \_\_\_\_\_

- ◆ **Outer Burial Container**
- Deluxe
  - Standard
  - Minimum

Emblem:  Laurel Wreath  Cross  Crucifix  Praying Hands  Other \_\_\_\_\_

Color \_\_\_\_\_ Description if purchased \_\_\_\_\_

- ◆ **Memorial**
- Upright Monument
  - Flush Granite
  - Flush Bronze
  - Other \_\_\_\_\_

Emblems:  Together Forever  Wedding Rings  Fraternal type: \_\_\_\_\_

Military type: \_\_\_\_\_  Other type: \_\_\_\_\_

◆ **Special Instructions** \_\_\_\_\_

**FUNERAL HOME NAME** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Director \_\_\_\_\_

◆ **Type of Service**

**Visitation:**  Yes  No

If Yes, location:  Cemetery Chapel  Funeral Chapel  Church  Other \_\_\_\_\_

Viewing:  Yes  No (closed casket)  No (deceased remains are not to be present)

Duration:  Evening Viewing, Next Day Committal  One-day Viewing & Committal

Other \_\_\_\_\_

◆ **Casket**  Metal  Wood  Cloth  Other \_\_\_\_\_

Sealed  Non-Sealed Interior Color \_\_\_\_\_

◆ **Specify All Pre-purchased Items:**

\_\_\_\_\_  
\_\_\_\_\_

◆ **Special Instructions** \_\_\_\_\_

\_\_\_\_\_

*The above selections represent my personal wishes... I prefer they be followed when the need arises*

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

*Disclaimer: The information contained in this form is to be used to convey preferences regarding cemetery and funeral selections and is NOT to be interpreted as a contract of sale.*



# Arrangement Preferences - Husband



Name: \_\_\_\_\_

**CEMETERY NAME** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Counselor \_\_\_\_\_

- ◆ **Type of Arrangement**     Above-ground Mausoleum Crypt     In-ground Interment  
    Lawn Crypt     Cremation  
    Other: \_\_\_\_\_

Location if purchased: Section/Building \_\_\_\_\_

Bay/Block \_\_\_\_\_ Lot/Level \_\_\_\_\_ Space Number(s) \_\_\_\_\_

- ◆ **Outer Burial Container**     Deluxe  Standard     Minimum

Emblem:     Laurel Wreath     Cross     Crucifix     Praying Hands     Other \_\_\_\_\_

Color \_\_\_\_\_ Description if purchased \_\_\_\_\_

- ◆ **Memorial**     Upright Monument  Flush Granite     Flush Bronze     Other \_\_\_\_\_

Emblems:     Together Forever     Wedding Rings     Fraternal    type: \_\_\_\_\_

Military    type: \_\_\_\_\_     Other    type: \_\_\_\_\_

◆ **Special Instructions** \_\_\_\_\_

**FUNERAL HOME NAME** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Director \_\_\_\_\_

◆ **Type of Service**

**Visitation:**     Yes     No

If Yes, location:     Cemetery Chapel     Funeral Chapel     Church     Other \_\_\_\_\_

Viewing:     Yes     No (closed casket)     No (deceased remains are not to be present)

Duration:     Evening Viewing, Next Day Committal     One-day Viewing & Committal

Other \_\_\_\_\_

◆ **Casket**     Metal     Wood     Cloth     Other \_\_\_\_\_

Sealed     Non-Sealed    Interior Color \_\_\_\_\_

◆ **Specify All Pre-purchased Items:**

\_\_\_\_\_  
\_\_\_\_\_

◆ **Special Instructions** \_\_\_\_\_

\_\_\_\_\_

*The above selections represent my personal wishes... I prefer they be followed when the need arises*

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

*Disclaimer: The information contained in this form is to be used to convey preferences regarding cemetery and funeral selections and is NOT to be interpreted as a contract of sale.*



# Permanent Record File

Prepared for \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY CONTACTS

Other than your spouse, list the person (s) who would most likely make or assist in making decisions regarding your final arrangements?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Note: We recommend you provide each of the above parties a copy of your "Funeral Planning Guide."

## Parents

### Husband

Father \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Mother \_\_\_\_\_

Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

### Wife

Father \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Mother \_\_\_\_\_

Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

# Permanent Record File



## Children

Name \_\_\_\_\_  
 Spouse \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  
Names of Children \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
 Spouse \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  
Names of Children \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
 Spouse \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  
Names of Children \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
 Spouse \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  
Names of Children \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
 Spouse \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  
Names of Children \_\_\_\_\_  
\_\_\_\_\_

check box next to name if you prefer this individual to serve as a pallbearer



## Other Relatives and Important Contacts

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

check box next to name if you prefer this individual to serve as a pallbearer

# Other Relatives and Important Contacts



Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_  
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Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relation \_\_\_\_\_

check box next to name if you prefer this individual to serve as a pallbearer