

Vital Statistics

	Husband	Wife
Full Name:		
Street Address:		
City, State, Zip:		
Phone #:		
Date of Birth:		
Place of Birth:		
Social Security Number:		
Marital Status:		
Occupation (or retired from):		
Employer:		
How Long Employed?:		
Father's Name:		
Date of Birth:		
Place of Birth:		
Date of Death (if applicable):		
Mother's Maiden Name:		
Date of Birth:		
Place of Birth:		
Date of Death (if applicable):		
Branch of Military Service:		
Service Serial Number:		
Date Entered Service:		
Where?:		
Date Separated from Service:		
Where?:		
Grade, Rank or Rating:		
Places Served:		
Important Medical Information: <i>(information that may be important to future generations)</i>		

Funeral Instructions: Husband

Funeral Home:	
Telephone Number	
Pre-Planned Arrangement?	<input type="radio"/> Yes <input type="radio"/> No
Burial or Cremation?	<input type="radio"/> Burial <input type="radio"/> Cremation
Viewing?	<input type="radio"/> Yes <input type="radio"/> No
Type of Casket/Urn	
Open or Closed Casket?	<input type="radio"/> Open <input type="radio"/> Closed
Appearance (clothing, jewelry)	
Special Requests	
Funeral/ Memorial Service:	<input type="radio"/> Funeral <input type="radio"/> Memorial
Where?	
Who Should Preside at the Service?	
Pallbearers	_____

Requested Hymns/Scriptures	
Special Requests	
Place of Interment:	
Location of Cemetery Deed or Contract	
Type of Headstone	
Epitaph	
Special Requests	
Obituary Notice:	<input type="radio"/> Yes <input type="radio"/> No
Donations in Lieu of Flowers?	<input type="radio"/> Yes To: _____ <input type="radio"/> No
Special Requests	
Other Instructions:	

Funeral Instructions: Wife

Funeral Home:	
Telephone Number	
Pre-Planned Arrangement?	<input type="radio"/> Yes <input type="radio"/> No
Burial or Cremation?	<input type="radio"/> Burial <input type="radio"/> Cremation
Viewing?	<input type="radio"/> Yes <input type="radio"/> No
Type of Casket/Urn	
Open or Closed Casket?	<input type="radio"/> Open <input type="radio"/> Closed
Appearance (clothing, jewelry)	
Special Requests	
Funeral/ Memorial Service:	<input type="radio"/> Funeral <input type="radio"/> Memorial
Where?	
Who Should Preside at the Service?	
Pallbearers	_____

Requested Hymns/Scriptures	
Special Requests	
Place of Interment:	
Location of Cemetery Deed or Contract	
Type of Headstone	
Epitaph	
Special Requests	
Obituary Notice:	<input type="radio"/> Yes <input type="radio"/> No
Donations in Lieu of Flowers?	<input type="radio"/> Yes To: _____ <input type="radio"/> No
Special Requests	
Other Instructions:	

Historical Information for Obituary

	Husband	Wife
Education Attained:		
Where:		
Degrees Held:		
Additional Information:		
Fraternity/Sorority:		
When:		
Positions Held:		
Additional Information:		
Honor Society:		
When:		
Positions Held:		
Additional Information:		
Military Service:		
Years Served:		
Highest Rank Attained:		
Additional Information:		
Occupational Information:		
Public Offices Held:		
Where and When:		
Additional Information:		
Civic Offices Held:		
Where and When:		
Additional Information:		
Special Achievements or Recognition:		

People and Organizations to Be Notified: Husband

Children

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

People to Notify

Name: _____ Phone #: _____

Address: _____

Relationship: _____

Name: _____ Phone #: _____

Address: _____

Relationship: _____

Name: _____ Phone #: _____

Address: _____

Relationship: _____

Name: _____ Phone #: _____

Address: _____

Relationship: _____

Organizations to Notify

Organization: _____ Phone #: _____

Contact Person: _____

Organization: _____ Phone #: _____

Contact Person: _____

Organization: _____ Phone #: _____

Contact Person: _____

People and Organizations to Be Notified: Wife

Children

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

People to Notify

Name: _____ Phone #: _____

Address: _____

Relationship: _____

Name: _____ Phone #: _____

Address: _____

Relationship: _____

Name: _____ Phone #: _____

Address: _____

Relationship: _____

Name: _____ Phone #: _____

Address: _____

Relationship: _____

Organizations to Notify

Organization: _____ Phone #: _____

Contact Person: _____

Organization: _____ Phone #: _____

Contact Person: _____

Organization: _____ Phone #: _____

Contact Person: _____

Document Checklist: Husband

Document	Location
Personal:	
Birth Certificate	
Marriage License	
Pre- or Post-Nuptial Agreement	
Will (Executor: _____)	
Trust(s)	
Living Will/Powers of Attorney	
Mortgage Papers	
Automobile Titles/Papers	
Income Tax Returns	
Gift Tax Returns	
Employee Benefit Documents	
Passport	
Military Records	
Medical Records	
Citizenship Papers	
Warranties	
Current Bills	
Funeral/Burial Documents	
Other: _____	
Business Ownership:	
Partnership/Incorporation Documents	
Buy-Sell Agreement	
Section 303 Stock Redemption Agreement	
Business Valuation/Appraisal	
Business Tax Returns	
Other: _____	
NOTES:	

Document Checklist: Wife

Document	Location
Personal:	
Birth Certificate	
Marriage License	
Pre- or Post-Nuptial Agreement	
Will (Executor: _____)	
Trust(s)	
Living Will/Powers of Attorney	
Mortgage Papers	
Automobile Titles/Papers	
Income Tax Returns	
Gift Tax Returns	
Employee Benefit Documents	
Passport	
Military Records	
Medical Records	
Citizenship Papers	
Warranties	
Current Bills	
Funeral/Burial Documents	
Other: _____	
Business Ownership:	
Partnership/Incorporation Documents	
Buy-Sell Agreement	
Section 303 Stock Redemption Agreement	
Business Valuation/Appraisal	
Business Tax Returns	
Other: _____	
NOTES:	

Banking and Insurance Information

	Husband	Wife
Bank Accounts:		
Name of Bank:		
Branch:		
Type and Account Number:	O Checking #: _____ O Savings #: _____	O Checking #: _____ O Savings #: _____
Name of Bank:		
Branch:		
Type and Account Number:	O Checking #: _____ O Savings #: _____	O Checking #: _____ O Savings #: _____
Safety Deposit Box:		
Location and Box Number:		
Key Location:		
Life Insurance:		
Company Name:		
Policy Number and Location:		
Amount of Death Benefit:		
Company Name:		
Policy Number and Location:		
Amount of Death Benefit:		
Company Name:		
Policy Number and Location:		
Amount of Death Benefit:		
Company Name:		
Policy Number and Location:		
Amount of Death Benefit:		
Other Insurance:		
Company Name:		
Policy Number and Location:		
Amount of Death Benefit:		
Company Name:		
Policy Number and Location:		
Amount of Death Benefit:		

Distribution of Personal Items

Husband		
<i>Item Description</i>	<i>Location</i>	<i>To Be Given To</i>

Wife		
<i>Item Description</i>	<i>Location</i>	<i>To Be Given To</i>

Special Requests/Instructions

Use this final page to include any special requests or instructions to your loved ones. It's a good idea to sign and date any entries made on this page.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____