Final Wishes Guide

888-509-7150

Vital Statistics

Full Legal Name _____ Social Sec. # _____-_____-_____

Date of Birth _____/_____/_____ Birthplace _____

Sex: ☐ Male   ☐ Female   Marital Status_____

Name of Spouse _____

Date of Marriage _____/_____/_____ Place of Marriage _____

Father's Legal Name _____

Mother's Legal Name _____

Occupation _____Type of Business _____Years of Education _____

Closest Next of Kin

Full Name _____ Telephone (___) ____-_____

Address _____ City _____ State_____ Zip _____

Traditional Burial Requests

Cemetery Name _____ City _____ State ____ Zip _____

Own Cemetery Property: ☐ Yes ☐ No

Arrangement Preferred: ☐ Companion ☐ Single

Burial Site: ☐ Mausoleum   ☐ Lawn Crypt   ☐ Ground Burial

Cremation Requests

☐ Return to Family   ☐ Burial   ☐ Niche   ☐ Scattering Sea   ☐ Scattering Air

☐ Other _____

Final Expense Insurance Information

Company Name _____ Policy # _____

Amount $_____ Beneficiary _____

Life Insurance Information

Company Name _____ Policy # _____

Amount $_____ Beneficiary _____

Military Record

War _____ Serial # _____ Branch of Service _____ Rank _____

Date & Place of Induction _____

Date & Place of Discharge _____

Medals _____ Special Service _____

Location of Discharge Papers (DD214) _____

Flag: ☐ Draped ☐ Folded   Presented to _____

Special Instructions

Flower Choice _____

Music: Organist _____ Soloist _____

Music Choice 1. _____ 2. _____ 3. _____

Personal Effects

Jewelry & Accessories ☐ Wedding Band ☐ Stays On ☐ Return to _____

☐ Eye Glasses   ☐ Stays On ☐ Return to _____

☐ Other _____ ☐ Stays On ☐ Return to _____

Newspaper for Obituary Notice

List the newspaper(s) you want your obituary to appear in

1. _____ 2. _____

Pet Wishes

Pet's Name _____ ☐ Dog ☐ Cat ☐ Other _____

Person who will care for my pet: Name _____ Phone (___) ____-____

Address _____ City _____ State ____ Zip _____

Special Information: Food Brand _____ Treats _____

Veterinarian Name _____ Address _____

City _____ State _____ Zip _____ Phone (___) ___ - _____

Funds from my estate to go to the new caregiver for my pet's care $ _____

If you have more than one pet to be taken care of use a separate sheet to attach their information

Notes to loved ones on final wishes not included in the above document:

_____

_____

_____

_____