

Vital statistics about me:

Name:.....

Address:

City:.....

State:Zip Code:.....

Social Security Number:.....

Date of Birth:Gender:

Place of Birth:

Occupation:.....

Employer:

Business/Industry:

Military Service:.....

Marital Status:

Maiden Name:

Name of Spouse:

Father's Name:

His Place of Birth:.....

Mother's Name:

Her Place of Birth:

My preference for the location of the Visitation, Service or Celebration of Life:

Allen Funeral Home Reception Room

Place of Worship Address of Place of Worship.....

Other Address of other location:.....



My preferences for the Service:

Clergy or Officiant:.....or Funeral Home to Recommend

Name:.....

Contact Information:.....

Notes:

Personal Items:

Eyeglasses: Remove Leave On

Jewelry: Remove Leave On

Clothing: Purchase at the time Selected

Pallbearers (Six are required):

1. 1.

2. 2.

3. 3.

Musical Tributes:.....

Soloist:

Organist/Pianist:

Congregational Hymns:.....

.....

Favorite Genre or Artist:

Community Organizations or Clubs that may participate:.....

.....



Cemetery Instructions: The following are my wishes regarding my final resting place.

Name of Cemetery:

Address:

City:

State:

Property, crypt or niche owned?

If yes, specify location written on cemetery purchase agreement:

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Final resting place: Earth Burial Mausoleum
 Interment following Cremation Other

Marker or Monument:

Purchased: Yes No

Monument company name:

If no, inscription instructions:

Reception location: Reception Room Place of Worship Other

Reception to follow Cemetery

Reception to follow Service

Notes:



Information for newspapers - a guideline:

Place of Death:.....

Date of Death:.....

Spouse, widow or widower of:.....

Married for number of years:

Children, their spouses and their places of residence:

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Grandchildren, their spouses and their places of residence:

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Siblings, their spouses and their places of residence:

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Education:.....

Clubs and Lodges:

Military Service:.....

Special Interests, hobbies and pets, etc:

Memorial Donations:

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