



In Partnership with our Community



"Caring For Those You Care For"

192 Altona & Welgunst
St. Thomas, VI 00802
(340) 774-1464

&

Estate Johnson's Ghut
Road Town, Tortola
British Virgin Islands
(284) 494-2120

&

St. John Representative
Contact Mary E. Powell
(340) 776-6185 or 693-8820

Personal Information Guide for Reference at Time of Need

Provided
for
**Friends of
Davis Funeral Home**

By:
Davis Funeral Home
192 Altona and Welgunst
St. Thomas, VI 00802
(340) 774-1464

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Davis Funeral Home concentrates on establishing funeral or memorial services that reflect the activities and relationships of the life of the individual. The information you record in this guide will be an important reference for family and friends at the time of need. Please do not hesitate to call on Davis Funeral Home for assistance in preparing the guide.

As you can imagine the death of a loved one can lead to time filled with confusion and emotional stress.

Important decisions must be made and yet little time is available for investigation or reflection. Hurried decisions more often than not lead to incorrect decisions that are truly not in accordance with the wishes of the deceased; to say nothing of financial decisions made hurriedly. This stressful time can be avoided by establishing a funeral arrangement that is preplanned with the help of Davis Funeral Home.

These records of your funeral or memorial service wishes allow your survivors to honor and remember the decedent in a way that reflects the wishes of the one who has passed.

The experience of Davis Funeral Home, from working with hundreds of families in the Virgin Islands clearly shows that it is important to identify important displays treasured by the decedent-pictures, awards and trinkets on display at this important time go a long way to provide family and friends with fond remembrances. Bereaved family and friends also benefit from an emotional lift from display of this memorabilia.

Many families have provided Davis Funeral Home with a copy of this document to be held in safekeeping. A copy should also be placed in the family archives advising a family member of its location.

Please list any special instructions or information not previously requested.

[illegible]

Insurance Company

Policy Number

Name of Insured

Amount of Benefit

Beneficiary

Location of Policies

Name of individual providing information contained herein

Address

Phone

Relationship

Thank you for taking time to prepare this valuable guide.

The following information relates to the individual for whom this guide is being prepared.

Full (Legal) Name

Mailing Address

Physical Address

Telephone Number

Place of Birth

Date of Birth

Social Security Number

Marital Status

Single ___ Married ___ Widowed ___

Divorced ___ Never Married ___

Name of Spouse

Spouse's Physical Address

Spouse's Mailing Address

Spouse's Telephone Number

Name of Father

Maiden Name of Mother

Occupation (If retired, list last known occupation)

Education

Highest Level Attained: _____

Veteran

Yes ____ No ____

Branch of Service

Service Number

Name of Church

Safe Deposit Box

Name of Bank

Address

Phone Number

Box Number

Other _____

Name of Bank

Address

Phone Number

Insurance Policies

Insurance Company

Policy Number

Name of Insured

Amount of Benefit

Beneficiaries

Location of Policies

Do you have a health care proxy? Yes ____ No ____

If answer is yes, please provide the following information about the person who has been listed as your proxy.

Name of Proxy

Physical Address

Mailing Address

Telephone Number(s)

Note: It is important that a copy of your health care proxy be attached to this guide.

Financial Relationships

Checking Account

Name of Bank

Address

Phone Number

Savings Account

Name of Bank

Address of Bank

Phone Number

Church Mailing Address

Church Physical Address

Church Telephone Number

Name of Clergy

Type of Funeral Service Desired

Traditional Funeral Service

Direct Cremation

Cremation with Viewing

Cremation with Viewing and Service

Memorial Service

Memorial Service with Viewing

Other

Location of Service (Name, Address and Telephone Number)

Name, address and phone number of person conducting service (Officiant, Clergy, Other)

Participating Organizations

Pallbearers (Names and phone numbers)

Printed Obituary: Yes ____ No ____ Photo Available ____

Name of newspapers to be provided obituary and photo

Radio Obituary: Yes ____ No ____

Name of radio stations to be provided obituary

Family Visitation: Yes ____ No ____

Public Visitation: Yes ____ No ____

Casket: Open ____ Closed ____

Clothing:

New ____ Furnished by Family ____

Furnished by funeral home ____

Jewelry

Stay On: Yes ____ No ____

Return To: _____

Flower Preference

If no flowers, donations can be made to

If Cremation, Urn

Wood ____ Metal ____ Steel ____

Copper ____ Bronze ____ Other ____

Disposition of Remains:

Earth Burial ____ Entombment ____ Scattering ____

Kept By The Family ____ Other ____

Special Instruction, if kept by family or scattering

Name of Cemetery

Location

Inscription for Memorial Marker

