

Memorial Guide Preparation Form

Vital Statistics

Funeral Service Requests

Full Name	Type of Service: Funeral Service Memorial Service
Email	☐ Graveside Service ☐ No Service Requested
Address	Place of Service: Church Chapel Graveside
City State	Other
ZipCounty	Church Denomination
Telephone Number	Name of Pastor
Birthplace: City State	Musical Selections
Date of Birth Marital Status	
Name of Spouse	
Maiden name if applicable	Personalization Requests
Father's Name	
Mother's Maiden Name	
Social Security Number	
Job Title Year Retired	
Industry	
Highest Degree of Education	
Hispanic OriginY N Race	Discouring Market W. N. N.
Military Record	Please place obituary on Mt. Scott websiteYN
Branch of Service	Place Obituary in Newspaper
Serve in Combat	Person to be in Charge of Arrangements:
Serial # Rank	Name
Date of Entry	Relationship
Date of Discharge	Address
War Periods Served in	City State Zip
Please attach a copy of DD-214	Phone
Military Honors Requested	Email
Interment Requests I Prefer: □ Earth Burial □ Mausoleum	Secondary Contact
\square Cremation: \square Scattered \square Interred \square Kept with family	Name
Name of Cemetery	Relationship
Or Scattering Sight	Address
City and State	City State Zip
I Have \square I Have Not \square Reserved Facilities	Phone
	Email

Surviving Relatives

Spouse:	Date and Place of Marriage:
Children:	
Parents:	
Siblings:	
No. of Grandchildren: No. of Great-Grandchildren	No. of Great-Great Grandchildren
Obituary Inf Please list special interests, hobbies, civic organizations	
In lieu of flowers places and denotions to Place in the addition	
In lieu of flowers please send donations to: Please include address.	How did you hear about us? ☐ Referral ☐ Church ☐ Helped family before ☐ Online ☐ Advertisement ☐ Hospice ☐ Event ☐ Other:
Notes	