

# Logistics & Vital Statistics

This form provides needed information for those responsible to plan and handle the service(s) (funeral, memorial, grave side, disposition of ashes) after your death in the manner appropriate to your wishes.

Funeral Director  Family  Pastor  Lock box  (\_\_\_\_\_)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

My remains are to be: \_\_\_\_\_ If cremated, my ashes are to be: \_\_\_\_\_  
(buried, cremated) (buried, scattered, or \_\_\_\_\_)

Arrangements have been/should be made with:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Services at: \_\_\_\_\_ Burial/inurnment at: \_\_\_\_\_

Services desired:  Funeral service (soon after death with body or ashes present followed by graveside/inurnment service)  
 Memorial service (soon or later without body or ashes present)  
 Graveside/inurnment service  
 Graveside/inurnment service for family only followed by memorial service

I  want newspaper notices published for \_\_\_\_\_ with photo \_\_\_\_\_  
(do/do not) (number of days) (yes/no)

in \_\_\_\_\_  
(names of newspapers and cities)

I prefer flowers be sent. \_\_\_\_\_  
(yes/no)

In lieu of flowers, send memorial gifts to: \_\_\_\_\_

I  wish to donate my body for: \_\_\_\_\_ transplant to give life to others  
(do/do not) \_\_\_\_\_ a medical school for teaching & research

Institution/hospital to receive my body: \_\_\_\_\_

Name of executor or designated person to provide this information and approve plans:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(Signature of person) (Relationship)

\_\_\_\_\_  
(Address) (Phone)

\*Location of will: \_\_\_\_\_

\*Location of important papers: \_\_\_\_\_

\*Do not include on copy given to church.

# Vital Statistics

Date Filled Out: \_\_\_\_\_ Date Revised: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(City/Town) (State) (Zip)

Phone: \_\_\_\_\_

Marital Status \_\_\_\_\_  
(single, Married, Widowed, Divorced)

Name of Spouse(s): \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Occupation: (a) \_\_\_\_\_  
(Kind of business/industry in which you worked when employed/Company name)

(b) \_\_\_\_\_  
(Kind of work done during most of working life)

Birthday: \_\_\_\_\_ Age \_\_\_\_\_  
(Month) (Day) (Year) (At Last Birthday)

Birthplace: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Father's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Next of Kin: \_\_\_\_\_  
(Name) (Address) (Phone)

Names of Family Members (Spouse, Children, Sisters, Brothers, Grandparents, Grandchildren):

Name	Relationship	Living/Deceased	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Doctor: \_\_\_\_\_  
(Name) (Address) (Phone)

Military Service: \_\_\_\_\_  
(Branch) (Rank) (Serial Number)

\_\_\_\_\_  
(Place/Date of Entry) (Place/Date of Discharge)

High School: \_\_\_\_\_  
(Name of School) (City/Town)

College or University Years: \_\_\_\_\_  
(Year) (Name of School) (Location) (Degree Earned)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional/Social Memberships:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Positions Held/Honors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies/ Special Interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite Scripture Passages (for use in funeral, graveside, memorial service(s)):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Favorite Hymns (for use in funeral, memorial service):

_____	_____	To be played _____	_____	or Sung _____
_____	_____	To be played _____	_____	or Sung _____
_____	_____	To be played _____	_____	or Sung _____
_____	_____	To be played _____	_____	or Sung _____
_____	_____	To be played _____	_____	or Sung _____
_____	_____	To be played _____	_____	or Sung _____

Favorite Organ or other Instrumental Music: \_\_\_\_\_

Person(s) to conduct my service:

My current Pastor(most appropriate person): \_\_\_\_\_

Other: \_\_\_\_\_

(Name)

(Address)

(Phone)

For the service, I want the following person to be invited to speak/share remembrances:

(Name)

(Relationship)

(Phone)

I \_\_\_\_\_ wish for a video to be made of my life.  
(do/do not)

Pallbearers:

(Name)

(Phone)

Other information I want known/words of love, wisdom, encouragement I want to share with my family and/or friends:

