



Funeral Home Name _____

Funeral Home Phone # _____

Vital Information Chart

Print this form and fill in the sections. Keep in a safe place.

Today's Date _____

First Name _____

Middle Name _____

Last Name _____

Maiden Name (if applicable) _____

Social Security Number _____

Street Address _____

City & State _____

Date of Birth _____

Birthplace _____

U.S. Armed Forces Serial Number _____

Dates of Service _____

Rank or Rating _____

Commendations _____



Education / Work Background

School Name, Graduation Date, Degree _____

Occupation _____

Employer _____

Employer Address _____

Employer City & State _____

Date of Retirement _____

Family Information

Father's Name _____

Father's Birthplace _____

Mother's Name (include maiden name) _____

Mother's Birthplace _____

Date of Marriage _____

(If Widowed) Date of Spouses Death _____

(If Widowed) City of Spouses Death _____



Previous Marriage

Date of Termination _____

Name of Former Spouse _____

Location of Important Documents

Will _____

Living Will _____

Durable Power of Attorney for Health Care _____

Organ Donation Papers _____

Birth Certificate _____

Marriage License _____

Citizenship Papers _____

Legal Name Change Papers
(for adopted children) _____

Deeds and Mortgage Papers _____

Pension Certificates _____

Automobile Titles _____

Bank Notes, Trust Papers _____

Stock & Bond Certificates _____

Income Tax Records _____



Check Book _____

Diplomas and Degrees _____

Inventory of Household Goods _____

Medical Records _____

Social Security Card _____

Unpaid Bills _____

Safety Deposit Box _____

Safety Deposit Box Key _____

Funeral Preferences

Funeral Director _____

Funeral Home Address _____

Funeral Home Phone Number _____

Clergy Person _____

Clergy Address _____

Clergy Phone Number _____

Pallbearer 1 (Name and Contact Info) _____

Pallbearer 2 (Name and Contact Info) _____

Pallbearer 3 (Name and Contact Info) _____



Pallbearer 4 (Name and Contact Info) _____

Pallbearer 5 (Name and Contact Info) _____

Pallbearer 6 (Name and Contact Info) _____

Specialty Requests Regarding Music,
Readings, Flowers, and Location of Funeral

Casket - Type _____

Burial Vault - Type _____

Clothing - Type _____

Cemetery _____

Burial Plot _____

Location _____

Section Number _____

Block Number _____

Location of Deed _____

Additional Notes & Special Instructions _____

