



## FUNERAL PLANNING CHECKLIST & PLANNING FORM

### *How to use this document:*

The Funeralwise.com Funeral Planning Checklist and Planning Form is designed to help you compile all the information you need when making arrangements for a funeral or when doing funeral pre-planning.

- When using the form for a funeral that will take place right away, just complete the sections you need then print the form and take it with you when you visit your funeral director.
- When using the form for pre-planning, you can complete the form over time and print your final copy for safekeeping. We recommend that you revisit your form from time-to-time to make sure your information stays up-to-date.

### *Try our Wise Planning System:*

Regardless of whether you are making arrangements for a service that will take place right away or pre-planning a funeral that will take place sometime in the future, we suggest that you visit our Wise Planning System. You can develop a Quick Plan in as little as 5 minutes! Once you do, you can see cost estimates for various funeral services, change your information as the need arises, and much more.

Click here to [learn more about planning the Wise Way](https://www.funeralwise.com/plan/) or copy the following into your browser address bar: <https://www.funeralwise.com/plan/>.



The following checklist is designed to help you keep track of the information you have gathered. Each item corresponds with a section in the planning form.

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Click here to [visit the Wise Planning System](https://www.funeralwise.com/plan/) or copy the following into your browser address bar: <https://www.funeralwise.com/plan/>.

Date Prepared \_\_\_\_\_

**SECTION 1: BASIC INFORMATION**

**Primary Personal Information (for you or the Person you are Planning for):**

❖ **Personal Information**

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

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Sex (M / F) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Citizenship (country) \_\_\_\_\_ Ancestry \_\_\_\_\_

Ethnic Group/Race \_\_\_\_\_ Religion \_\_\_\_\_  
(e.g., African-American, Asian, Caucasian, Hispanic, etc.)

❖ **Residence**

Street Address \_\_\_\_\_ Apt./Unit # \_\_\_\_\_ Residential Facility Name \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

❖ **Birth Information**

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

❖ **Emergency Information (if you are planning for yourself)**

Person to Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

❖ **Death Information (if you are planning for someone recently deceased)**

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ (AM / PM)

Cause of Death \_\_\_\_\_ Certifying Physician \_\_\_\_\_

❖ **Place of Death**

Facility Name \_\_\_\_\_ (if applicable) Type of Facility \_\_\_\_\_  
(e.g., hospital, nursing home)

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Information About the Person Making Arrangements (Next of Kin/Responsible Party):**

Name (Last, First, Middle) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Phone #2 \_\_\_\_\_ E-Mail \_\_\_\_\_  
Relationship to Deceased \_\_\_\_\_

**Notifications:**

❖ **Persons to be Notified**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

❖ **Contacts for Legal Matters**

Person Responsible for Funeral Arrangements

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attorney

Name \_\_\_\_\_ Firm \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Executor of Estate

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Filings and Notices (if you are planning for someone recently deceased):***

❖ **Death Certificates**

Number of Death Certificates Required: \_\_\_\_\_

<u>Deliver To</u>	<u>Quantity</u>	<u>Phone</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

❖ **Obituary**

Newspaper(s) \_\_\_\_\_

Other \_\_\_\_\_

***Location of Important Information:***

Identify where the following important documents are located:

Last Will & Testament \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Marriage License \_\_\_\_\_

Social Security Card \_\_\_\_\_

Digital/Electronic Account Information \_\_\_\_\_

Citizenship papers, if appropriate \_\_\_\_\_

Military Discharge Papers \_\_\_\_\_

Life and Other Insurance Policies \_\_\_\_\_

Deeds and Titles to Property (home, autos, etc) \_\_\_\_\_

Bank Account Passbooks \_\_\_\_\_

Income Tax Returns \_\_\_\_\_

Certificates of Ownership of Burial Property \_\_\_\_\_

Bills to be Paid and other Financial Information \_\_\_\_\_

Location of Safe Deposit Box

Financial Institution \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Travel Information if the deceased must be transported between cities:**

Location where the deceased must be transported from:

Funeral Home \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Location where the deceased must be transported to:

Funeral Home \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Method of Final Disposition:**

Choose method of final disposition:

- Whole body burial or entombment
- Cremation

If cremation, specify disposition of ashes:

- Burial or entombment at cemetery
- Scattering at cemetery
- Deliver to survivors
- Other \_\_\_\_\_

- Donation to medical science

Specify Recipient Organization, if one has been selected:

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

- Other: Specify \_\_\_\_\_ (e.g., burial at sea, scatter in outer space)

Also specify the Service Provider, if one has been selected:

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**SECTION 2: DETAILED FUNERAL SERVICE INFORMATION**

**Type of Funeral Service Plan:**

Choose a type of Funeral Service Plan:

- Traditional** (includes a visitation and a funeral service in which the deceased is present in an open or closed casket)
- Memorial** (includes one or more services without the presence of the deceased)
- Graveside** (includes one service held at the graveside before interment)
- Traditional Plus** (includes a visitation and a funeral service in which the deceased is present in an open or closed casket, plus one or more memorial services without the presence of the deceased)
- Direct** (the deceased is buried, cremated or donated to medical science without any funeral services)

**Methods of Care:**

Select the following services regarding preparation and care:

- Do you want to have an embalming performed? (Y/N) \_\_\_\_\_ (this may be required)
- Do you want a DNA sample taken? (Y/N) \_\_\_\_\_
- Do you want an autopsy performed? (Y/N) \_\_\_\_\_ (this may be required)

**Methods of Presentation:**

❖ **Casket Presentation Selections**

*(Make these selections if a Traditional or Traditional Plus Service Plan has been chosen)*

Select how you prefer the casket presented at the visitation(s):  Open  Closed

Select how you prefer the casket presented at the funeral:  Open  Closed

Do you want only a private family viewing? (Y/N) \_\_\_\_\_

Note: the deceased will be dressed and cosmetics will be applied if you have chosen to have a private family viewing or select to have an open casket presentation. If you do not wish to have the deceased dressed and cosmeticized for viewings, please explain below how you would like the deceased to be presented:

Detailed Funeral Service Information (Continued)

❖ Clothing Selections

New \_\_\_\_\_

Existing \_\_\_\_\_

Jewelry \_\_\_\_\_

Clothing Selections to be made by: \_\_\_\_\_

Visitation Selections:

(Make these selections if a Traditional or Traditional Plus Service Plan has been chosen)

Choose a location for the visitation:

- Funeral Home
Church, temple, synagogue or other religious sanctuary
Other Facility (describe)

Indicate name, address and telephone of chosen location:

Name
Address
City State Zip
Telephone Fax

Transportation Selections:

(Make these selections if a Traditional or Traditional Plus or Graveside Service Plan has been chosen)

Choose method of transporting the deceased between service locations and to the cemetery

- Funeral Coach or Hearse
Funeral Van (more economical)

Choose method of transporting family members between service locations and to the cemetery

- Limousine # of people
Sedan # of people
Family will provide transportation

Escort Needed? (Y/N) Instructions

**Funeral / Memorial Service Selections:**

*(Make these selections if a Traditional or Memorial or Traditional Plus Service Plan has been chosen. If there will be more than one service, make additional copies of this section and complete it for each service)*

❖ **Service Selections**

Indicate type of Service:  Funeral Service  Memorial Service

Choose a location for the funeral service:

- Funeral Home
- Church, temple, synagogue or other religious sanctuary
- Other Facility (specify) \_\_\_\_\_

Indicate name, address and telephone of chosen location:

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_

❖ **Clergy or Officiant Presiding**

Name \_\_\_\_\_ Affiliation \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Affiliation \_\_\_\_\_ Phone \_\_\_\_\_

❖ **Pallbearers:** *(Make these selections if a Traditional or Traditional Plus or Graveside Service Plan has been selected)*

		<u>Active, Honorary or Alternate?</u>
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____

**Funeral / Memorial Service Selections (Continued)**

❖ **Music**

Title _____	Artist _____

❖ **Performers**

Organist	Name _____	Phone _____
Vocalist	Name _____	Phone _____
_____	Name _____	Phone _____
_____	Name _____	Phone _____
_____	Name _____	Phone _____

❖ **Readings**

Title _____	Source/Reference _____
To be read by: _____	Phone _____
Title _____	Source/Reference _____
To be read by: _____	Phone _____
Title _____	Source/Reference _____
To be read by: _____	Phone _____
Title _____	Source/Reference _____
To be read by: _____	Phone _____

❖ **Tribute Video/Slide Show**

Prepared/Coordinated by: \_\_\_\_\_

**Funeral / Memorial Service Selections (Continued)**

❖ **Flowers**

Florist \_\_\_\_\_ Phone \_\_\_\_\_

Floral Selection #1 \_\_\_\_\_

Floral Selection #2 \_\_\_\_\_

Floral Selection #3 \_\_\_\_\_

Floral Selection #4 \_\_\_\_\_

❖ **Memorial displays**

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ **Special Service Components**

*(Complete this section to provide instructions for special service components such as a 21-gun salute, horse-drawn procession, or the rites of fraternal organizations like Masonic organizations or Veterans of Foreign Wars)*

Description \_\_\_\_\_  
\_\_\_\_\_

**Preferred Tribute Type:**

Floral

Masses

Charitable

Preferred Charity #1: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Preferred Charity #2: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Cemetery Information:**

*(Complete this section if a burial or scattering at the cemetery has been chosen)*

Cemetery Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Property Identification:

Garden \_\_\_\_\_ Lot \_\_\_\_\_ Space \_\_\_\_\_

Niche (for urn) \_\_\_\_\_

**SECTION 3: DETAILED FUNERAL MERCHANDISE INFORMATION**

**Funeral Merchandise:**

❖ **Casket**

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Model Name \_\_\_\_\_

Identify type of casket:

Wood Specify \_\_\_\_\_ (e.g., birch, cherry, mahogany, maple, oak, pine, poplar, walnut, etc.)

Precious Metal Specify \_\_\_\_\_ (bronze or copper) Sealed? (Y/N) \_\_\_\_\_

Steel Specify \_\_\_\_\_ (16, 18 or 20 gauge) Stainless? (Y/N) \_\_\_\_\_ Sealed? (Y/N) \_\_\_\_\_

Cloth covered

Other Specify \_\_\_\_\_

Identify lid style:

Half Couch (2 piece)  Full Couch (1 piece)

Identify interior features:

Material \_\_\_\_\_ (e.g., crepe, linen, velour, velvet) Color \_\_\_\_\_

Style \_\_\_\_\_ (e.g., shirred, tailored, tufted)

Special Features \_\_\_\_\_

**Funeral Merchandise (Continued)**

❖ **Outer Burial Container**

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Model Name \_\_\_\_\_

Identify type of outer burial container:

- Grave Box or Grave Liner Specify \_\_\_\_\_ (e.g., concrete or wood)
- Vault Specify \_\_\_\_\_ (e.g., bronze, copper, concrete, plastic, wood, composite)
- Lawn Crypt Specify \_\_\_\_\_ (e.g., concrete or wood)

Special Features \_\_\_\_\_

❖ **Cremation Urn**

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Model Name \_\_\_\_\_

Material \_\_\_\_\_ (e.g., bronze, ceramic, marble, wood)

❖ **Grave Marker**

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Model Name \_\_\_\_\_

Identify type of grave marker:

- Grave Marker (flush to the ground) Specify \_\_\_\_\_ (e.g., bronze, granite, marble)
- Monument (upright) Specify \_\_\_\_\_ (e.g., bronze, granite, marble)
- Lawn Crypt Specify \_\_\_\_\_ (e.g., concrete or wood)

Engraving

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

❖ **Stationery Products**

Guest Register Book: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

Prayer Cards: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

Verse to print on Prayer Cards: \_\_\_\_\_

Memorial Folders: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

Verse to print on Memorial Folder: \_\_\_\_\_

Prayer Books: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

Acknowledgement Cards: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

\_\_\_\_\_ Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

**SECTION 4: ADDITIONAL PERSONAL INFORMATION**

*(The following information, to the extent it is complete, will be used for obituary purposes and will provide a genealogy record for the family of the deceased)*

❖ **Marital Information**

Marital Status (single / married / widowed / divorced) \_\_\_\_\_

Spouse

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

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Sex (M / F) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Marriage Data

Date of Marriage \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

❖ **Parents**

Father Data

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

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Living? (Y/N) \_\_\_\_\_ Date of Death \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Married (Y/N) \_\_\_\_\_ Spouse Name (if not Mother) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother Data

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

Maiden Name \_\_\_\_\_ Living? (Y/N) \_\_\_\_\_ Date of Death \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Married (Y/N) \_\_\_\_\_ Spouse Name (if not Father) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Additional Personal Information (Continued)**

❖ **Children**

Child #1

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

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Child #2

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

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Child #3

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

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Additional Personal Information (Continued)**

❖ **Siblings**

Brother/Sister #1

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

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Brother/Sister #2

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

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Brother/Sister #3

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

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

❖ **Grandchildren**

No. of Grandchildren \_\_\_\_\_ No. of Great Grandchildren \_\_\_\_\_ No. of Great-Great Grandchildren \_\_\_\_\_

**Additional Personal Information (Continued)**

❖ **History of Residences**

City / State / Country \_\_\_\_\_ No. of Years \_\_\_\_\_

City / State / Country \_\_\_\_\_ No. of Years \_\_\_\_\_

City / State / Country \_\_\_\_\_ No. of Years \_\_\_\_\_

City / State / Country \_\_\_\_\_ No. of Years \_\_\_\_\_

❖ **Education**

Elementary School \_\_\_\_\_ City/State \_\_\_\_\_

High School \_\_\_\_\_ City/State \_\_\_\_\_

Year Graduated \_\_\_\_\_

Undergraduate College \_\_\_\_\_ City/State \_\_\_\_\_

Undergraduate Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate College \_\_\_\_\_ City/State \_\_\_\_\_

Graduate Degree \_\_\_\_\_ Year \_\_\_\_\_

❖ **Military Record**

Branch of Service \_\_\_\_\_ Years Served From \_\_\_\_\_ To \_\_\_\_\_

Rank \_\_\_\_\_ Service Number \_\_\_\_\_

Wars Served \_\_\_\_\_ Decorations \_\_\_\_\_

❖ **Work History**

Retired? (Y/N) \_\_\_\_\_ Year Retired \_\_\_\_\_

Principle occupation \_\_\_\_\_ No. of Years \_\_\_\_\_

Industries \_\_\_\_\_

Secondary occupation \_\_\_\_\_ No. of Years \_\_\_\_\_

Industries \_\_\_\_\_

Employer #1 \_\_\_\_\_ City/State \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

Employer #2 \_\_\_\_\_ City/State \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

**Additional Personal Information (Continued)**

Employer #3 \_\_\_\_\_ City/State \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

Employer #4 \_\_\_\_\_ City/State \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

❖ **Religious Institutions**

Institution #1 \_\_\_\_\_

Institution #2 \_\_\_\_\_

❖ **Memberships and Public Offices Held**

Organization #1 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Organization #2 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Organization #3 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Organization #4 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Organization #5 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

❖ **Notable Accomplishments**

Accomplishment #1

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

Accomplishment #2

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

Accomplishment #3

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

Accomplishment #4

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