

5. Addresses / Phone numbers of children not living at home:

6. Names, Addresses and phone numbers of key relatives (parents, siblings, in-laws):

Name: _____ Relation: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____

Name: _____ Relation: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____

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Home phone: _____ Work phone: _____

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Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____

(If more room is needed, please list on back/separate sheet)

Please CHECK AND CIRCLE “yes” and “no” answers.

1. If you are divorced, please provide the following information about your ex-spouse:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____
Contact my ex-spouse: Yes: _____ No: _____

2. Is there a living will: Yes: _____ No: _____
If so, do we have a copy?: Yes: _____ No: _____

3. Are you an organ donor: Yes: _____ No: _____
If so, do we have a card on file?: Yes: _____ No: _____

4. In the event you are unable to communicate after a serious accident, do you wish extraordinary efforts to be used to prolong your life? Yes: _____ No: _____

Or do you wish to leave that decision to a family member? Yes: _____ No: _____

If so please name them: _____

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

5. Name of Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency phone: _____ Office phone: _____

6. In the event of your death, whom would you prefer to inform your immediate family?

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

7. Please list any preferences you may have regarding funeral arrangements:

Funeral home: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Religious Site (Church, Synagogue, etc): _____

Presiding Clergy: _____

Second Choice: _____

Cemetery: _____

8. Cemetery: _____

Has a plot already been purchased: Yes: _____ No: _____

If yes, indicate plot number: _____

9. Do you wish to have calling hours?: Yes: _____ No: _____

If so, for how many evenings?: _____

10. Are you a veteran of the U.S. Armed Services?: Yes: _____ No: _____

If so, do you wish a military funeral?: Yes: _____ No: _____

11. Do you wish a law enforcement funeral?: Yes: _____ No: _____

12. Do you wish your remains to be: Buried: _____ Cremated?: _____

If you wish to be buried, do you prefer to be buried:

In uniform: _____ or in civilian cloths: _____

13. Do you wish an open casket?: Yes: _____ No: _____

If cremated, do you have any wishes regarding your remains?: _____

14. List any preference you have to serve as pallbearers:

15. Do you wish any particular songs or hymns to be played at the religious services?:

Yes: _____ No: _____

If so, please list: _____

16. Do you wish a eulogy to be delivered? Yes: _____ No: _____

If so, please indicate who should deliver the eulogy: _____

17. Do you wish flowers to be omitted in lieu of contributions to a charity?:

Yes: _____ No: _____

If so, which charity: _____

18. Name, address and phone number of your attorney:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office phone: _____ Home phone: _____

19. Do you have a will?: Yes: _____ No: _____

If so where is it located: _____

20. List any insurance policy you may have: _____

Company: _____

Policy #: _____ Location: _____

Company: _____

Policy #: _____ Location: _____

Company: _____

Policy #: _____ Location: _____

21. List memberships in your organization that may provide assistance with your family:

22. Do you have any personal requests for the future (for example, a particular song to be played in your memory at the marriage of your children, thought on the remarriage of your spouse, etc.)?:

23. Do you have any personal possessions you wish to be given to specific individuals? If so, please indicate below:

Item: _____	Please give to: _____
Item: _____	Please give to: _____
Item: _____	Please give to: _____
Item: _____	Please give to: _____
Item: _____	Please give to: _____
Item: _____	Please give to: _____
Item: _____	Please give to: _____
Item: _____	Please give to: _____

OPTIONAL VOLUNTARY INFORMATION:

1. Please list any accounts (including certificates of deposit, Koegh accounts, etc.) you have in banks or other financial institutions:

Bank: _____	Account #: _____
Bank: _____	Account #: _____
Bank: _____	Account #: _____
Bank: _____	Account #: _____

Date: _____

Name Printed: _____

Signed: _____

This form should be placed in a sealed envelope and marked:

“TO BE OPENED IN THE EVENT OF SERIOUS INJURY OR LINE-OF-DUTY DEATH.” It should be reviewed each year and changes made if required.