

INFORMATION NEEDED FOR CERTIFICATE OF DEATH

Full Name _____ Social Security No. _____

Birth Date _____ Birthplace _____ (Circle one) Married - Never Married
Divorced - Widowed

Father's Name _____ Mother's Maiden Name _____

Usual Occupation _____ Surviving Spouse _____
(If wife, enter Maiden Name)

Rank _____ Date of Discharge _____ Service No. _____

MY CHILDREN

<u>Name</u>	<u>Address</u>	<u>Spouse</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INFORMATION FOR EXECUTOR

Preferred Funeral Home _____ Address _____ Phone _____

Complete Funeral Plans are on hand there. (Circle one) Yes No

Disposition of Remains _____ Name of Cemetery _____

Do you own: Plot ___ Crypt ___ Niche ___? If so, keep deed or copy in this portfolio

Service at: Funeral Home ___ Church ___ Name of Church _____

Type of Service: Private ___ Memorial Service Later ___ Where _____
For Friends ___ Conducted by _____

TO BE NOTIFIED

Enclose in this portfolio a complete list of names, addresses and phone numbers:

YOUR FRATERNAL ORDERS AND ORGANIZATIONS, YOUR RELATIVES (State relationship) and YOUR FRIENDS

ADDITIONAL INFORMATION FOR NEWSPAPER

In addition to information already available, friends would like to be reminded of your college degrees, club affiliations, community activities, where you taught, when retired, etc. Don't leave this information for someone to try and remember. ATTACH THIS INFORMATION.

LIFE INSURANCE

- Company _____ Local Agent _____ Phone _____
Policy No. _____ Premium _____ Date(s) due _____
- Company _____ Local Agent _____ Phone _____
Policy No. _____ Premium _____ Date(s) due _____

ACCIDENTAL DEATH INSURANCE

- Company _____ Local Agent _____ Phone _____
Policy No. _____ Premium _____ Date(s) due _____
- Company _____ Local Agent _____ Phone _____
Policy No. _____ Premium _____ Date(s) due _____