

# FAMILY AND PERSONAL PREPARATION SHEETS

## PERSONAL INFORMATION VETERAN

### 1. Vital Information

First Name	Middle Name	Last Name	Suffix (Jr, II, etc)
Address	City	State	Zip Code
Home Phone	Work Phone	Mobile Phone	
Number Yrs at Address	Prior Address (list last 10 years)		
Prior Address (list last 10 years)			
Date of Birth (DOB)	Place of Birth (POB)		
Social Security Number (SSN)	Service Number (if applicable)	Citizenship (list both if dual)	
Naturalization Number (if not born in U.S.)			
Name of Father	Father DOB	Father POB	
Name of Mother	Mother DOB	Mother POB	
Marital Status (Single/Married/Divorced/Widower) # Marriages		Marriage License (City/State)	
Date of Current Marriage	Divorce or Death Date (if applicable)	# Children from marriage	
Child Given Name (First/MI/Last)	Childs DOB	Childs POB	
Childs SSN	Custodian of Child (if applicable)	Child's Birth Certificate	
Date of Previous Marriage (list al)	Divorce or Death Date (if applicable)	# Children from marriage	
Child Given Name (First/MI/Last)	Childs DOB	Childs POB	
Childs SSN	Custodian of Child (if applicable)	Child's Birth Certificate	
Date of Previous Marriage (list al)	Divorce or Death Date (if applicable)	# Children from marriage	
Child Given Name (First/MI/Last)	Childs DOB	Childs POB	
Childs SSN	Custodian of Child (if applicable)	Child's Birth Certificate	

### 2. Military and Department of Veterans Administration Information

Military Service (from /to)	Branch	Highest Grade/Rank/Rating Achieved
Discharge (Honorable/OTH/etc)	Grade/Rank at Discharge	Survivor Benefit Plan (yes/no)
Significant Awards (Purple Heart, Navy/Marine Corps Medal/Silver Star or Above)		

## FAMILY AND PERSONAL PREPARATION SHEETS

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Combat Action (list all dates operations or units)

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Foreign Theater(s) and Dates of Service (list all)

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### Veterans Benefits Administration (VBA) Filing – VBA provides disability rating and payment

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Submission/Completion Date (MM/DD/YR)	VA Regional Office Address	Phone
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Rating Code Sheet – Finding (disability %)	Location	Appeals Filed/Pending
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### Veterans Administration Medical Center (VAMC) – VAMC provides health

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Nearest VAMC Address	City	State	Zip Code	Phone
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Provider Name (MD/DO/PA/NP)	Appointment Number	Records Number
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### 3. Financial and Investment Information (Stocks/Bonds/IRA/Investment Funds)

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Safety Deposit Box	Bank/Institution	Number	Key
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Individuals w/Access (Name & Contact Information)

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Type of Account	Account Number	Bank/Institution
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Type of Account	Account Number	Bank/Institution
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Type of Account	Account Number	Bank/Institution
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Type of Account	Account Number	Bank/Institution
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Investments (Type)	Account/Certification Number	Location/Institution
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Investments (Type)	Account/Certification Number	Location/Institution
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Investments (Type)	Account/Certification Number	Location/Institution
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Investments (Type)	Account/Certification Number	Location/Institution
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Investments (Type)	Account/Certification Number	Location/Institution
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## FAMILY AND PERSONAL PREPARATION SHEETS

### 4. Credit Cards and Charge Accounts (list all)

Company	Account Number	Type	Owner/User	Phone Number
Company	Account Number	Type	Owner/User	Phone Number
Company	Account Number	Type	Owner/User	Phone Number
Company	Account Number	Type	Owner/User	Phone Number
Company	Account Number	Type	Owner/User	Phone Number

### 5. Real Estate

Location/Address	Residence/Rental	Mortgage (Pri)	Company		
Account Number	Payment	Method (Direct Deposit/Check)	Date Due		
Mortgage (Sec)	Company	Account Number	Payment	Method	Date Due
Deeds or Notes	Additional Information				
Location/Address	Residence/Rental	Mortgage (Pri)	Company		
Account Number	Payment	Method (Direct Deposit/Check)	Date Due		
Mortgage (Sec)	Company	Account Number	Payment	Method	Date Due
Deeds or Notes	Additional Information				
Location/Address	Residence/Rental	Mortgage (Pri)	Company		
Account Number	Payment	Method (Direct Deposit/Check)	Date Due		
Mortgage (Sec)	Company	Account Number	Payment	Method	Date Due
Deeds or Notes	Additional Information				

### 6. Automobile, Boat, Recreational Vehicles and Trailers

Vehicle Description	VIN/Identifier	Make/Model	Year	Color	Use	Location
Debt/Title Holder	Location	Phone Number	Payment	Method	Date Due	
Vehicle Description	VIN/Identifier	Make/Model	Year	Color	Use	Location
Debt/Title Holder	Location	Phone Number	Payment	Method	Date Due	
Vehicle Description	VIN/Identifier	Make/Model	Year	Color	Use	Location

## FAMILY AND PERSONAL PREPARATION SHEETS

Debt/Title Holder	Location	Phone Number	Payment	Method	Date Due	
Vehicle Description	VIN/Identifier	Make/Model	Year	Color	Use	Location
Debt/Title Holder	Location	Phone Number	Payment	Method	Date Due	
Vehicle Description	VIN/Identifier	Make/Model	Year	Color	Use	Location
Debt/Title Holder	Location	Phone Number	Payment	Method	Date Due	

### 7. Valuable Personal Documents and Effects

Personal Safe	Location	Code/Combination/Key	Individuals w/Access
Income Tax Returns	Prepared by	Phone Number	Email
Item	Location	Value	Designated Person
Item	Location	Value	Designated Person
Item	Location	Value	Designated Person
Item	Location	Value	Designated Person
Item	Location	Value	Designated Person

### 7. Education and Other Government Employment

College/University (list all)	Dates (from/to)	Degree Obtained
College/University (list all)	Dates (from/to)	Degree Obtained
College/University (list all)	Dates (from/to)	Degree Obtained
Fraternities or Honor Societies (list all)	Dates (from/to)	Position/Title
Fraternities or Honor Societies (list all)	Dates (from/to)	Position/Title
Fraternities or Honor Societies (list all)	Dates (from/to)	Position/Title
US Government Agency/Organization (list all)	Dates (from/to)	Position/Title
Service (GS/GG/Contractor/etc)	Retirement (yes/no)	
US Government Agency/Organization (list all)	Dates (from/to)	Position/Title
Service (GS/GG/Contractor/etc)	Retirement (yes/no)	
State Government Agency/Organization (list all)	Dates (from/to)	Position/Title

## FAMILY AND PERSONAL PREPARATION SHEETS

Service (employee/contractor)	Retirement (yes/no)
State Government Agency/Organization (list all)	Dates (from/to) <span style="float: right;">Position/Title</span>
Service (employee/contractor)	Retirement (yes/no)

### 4. Public Offices and Professional Affiliations

Civic or Public Office Held (list all)	Dates (from/to)	Position/Title
Location	Benefits Granted/Due	Point of Contact (if available)
Civic or Public Office Held (list all)	Dates (from/to)	Position/Title
Location	Benefits Granted/Due	Point of Contact (if available)
Society/Organization Affiliation (list all)	Dates (from/to)	Position/Title
Location	Benefits Granted/Due	Point of Contact (if available)
Society/Organization Affiliation (list all)	Dates (from/to)	Position/Title
Location	Benefits Granted/Due	Point of Contact (if available)
Society/Organization Affiliation (list all)	Dates (from/to)	Position/Title
Location	Benefits Granted/Due	Point of Contact (if available)
Society/Organization Affiliation (list all)	Dates (from/to)	Position/Title
Location	Benefits Granted/Due	Point of Contact (if available)

### 5. Achievements and Recognition

Military Awards & Campaign Medals (list all)

# FAMILY AND PERSONAL PREPARATION SHEETS

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Military Citations, Titles (CO, CMC, etc) & Recognition not listed above

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Veteran Service Organizations (VFW, AMVET, etc) Recognition

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Professional Organizations (AMA, ABA, etc) Recognition

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Special & Professional Achievements & Recognition not listed above

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# FAMILY AND PERSONAL PREPARATION SHEETS

## PERSONAL INFORMATION SPOUSE

### 1. Vital Information

First Name	Middle Name	Last Name	Suffix (Jr, II, etc)
Address	City	State	Zip Code
Home Phone	Work Phone	Mobile Phone	
Number Yrs at Address	Prior Address (list last 10 years)		
Prior Address (list last 10 years)			
Date of Birth (DOB)	Place of Birth (POB)		
Social Security Number (SSN)	Service Number (if applicable)	Citizenship (list both if dual)	
Naturalization Number (if not born in U.S.)			
Name of Father	Father DOB	Father POB	
Name of Mother	Mother DOB	Mother POB	
Marital Status (Single/Married/Divorced/Widower)		Number of Marriages	
Date of Previous Marriage (list al)	Divorce or Death Date (if applicable)		

### 2. Military and Department of Veterans Administration Information

Military Service (from /to)	Branch	Highest Grade/Rank/Rating Achieved
Discharge (Honorable/OTH/etc)	Grade/Rank at Discharge	Survivor Benefit Plan (yes/no)
Significant Awards (Purple Heart, Navy/Marine Corps Medal/Silver Star or Above)		

### 3. Education and Other Government Employment

College/University (list all)	Dates (from/to)	Degree Obtained
College/University (list all)	Dates (from/to)	Degree Obtained
College/University (list all)	Dates (from/to)	Degree Obtained

## FAMILY AND PERSONAL PREPARATION SHEETS

Fraternities or Honor Societies (list all)	Dates (from/to)	Position/Title
Fraternities or Honor Societies (list all)	Dates (from/to)	Position/Title
Fraternities or Honor Societies (list all)	Dates (from/to)	Position/Title
US Government Agency/Organization (list all)	Dates (from/to)	Position/Title
Service (GS/GG/Contractor/etc)	Retirement (yes/no)	
US Government Agency/Organization (list all)	Dates (from/to)	Position/Title
Service (GS/GG/Contractor/etc)	Retirement (yes/no)	
State Government Agency/Organization (list all)	Dates (from/to)	Position/Title
Service (employee/contractor)	Retirement (yes/no)	
State Government Agency/Organization (list all)	Dates (from/to)	Position/Title
Service (employee/contractor)	Retirement (yes/no)	

### 4. Public Offices and Professional Affiliations

Civic or Public Office Held (list all)	Dates (from/to)	Position/Title
Location	Benefits Granted/Due	Point of Contact (if available)
Civic or Public Office Held (list all)	Dates (from/to)	Position/Title
Location	Benefits Granted/Due	Point of Contact (if available)
Society/Organization Affiliation (list all)	Dates (from/to)	Position/Title
Location	Benefits Granted/Due	Point of Contact (if available)
Society/Organization Affiliation (list all)	Dates (from/to)	Position/Title
Location	Benefits Granted/Due	Point of Contact (if available)
Society/Organization Affiliation (list all)	Dates (from/to)	Position/Title
Location	Benefits Granted/Due	Point of Contact (if available)
Society/Organization Affiliation (list all)	Dates (from/to)	Position/Title
Location	Benefits Granted/Due	Point of Contact (if available)

# FAMILY AND PERSONAL PREPARATION SHEETS

## 5. Achievements and Recognition

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Military Awards & Campaign Medals (list all)

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Military Citations, Titles (CO, CMC, etc) & Recognition not listed above

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Veteran Service Organizations (VFW, AMVET, etc) Recognition

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Professional Organizations (AMA, ABA, etc) Recognition

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Special & Professional Achievements & Recognition not listed above

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# FAMILY AND PERSONAL PREPARATION SHEETS

## FAMILY REGISTRY VETERAN

### 1. Registry of Children (list all)

Given Name	Address	City	State	Zip Code
Custodian (if applicable)		Home Phone	Mobile Phone	
Given Name	Address	City	State	Zip Code
Custodian (if applicable)		Home Phone	Mobile Phone	
Given Name	Address	City	State	Zip Code
Custodian (if applicable)		Home Phone	Mobile Phone	

### 2. Registry of Siblings

Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	
Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	
Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	
Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	

### 3. Close Family & Friends

Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	
Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	
Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	
Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	

# FAMILY AND PERSONAL PREPARATION SHEETS

## 4. Deceased Members of the Family

Name	Relation	Location	Plot Number/Marker
Name	Relation	Location	Plot Number/Marker
Name	Relation	Location	Plot Number/Marker
Name	Relation	Location	Plot Number/Marker

# FAMILY AND PERSONAL PREPARATION SHEETS

## FAMILY REGISTRY SPOUSE

### 1. Registry of Children (list all)

Given Name	Address	City	State	Zip Code
Custodian (if applicable)		Home Phone	Mobile Phone	
Given Name	Address	City	State	Zip Code
Custodian (if applicable)		Home Phone	Mobile Phone	
Given Name	Address	City	State	Zip Code
Custodian (if applicable)		Home Phone	Mobile Phone	

### 2. Registry of Siblings

Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	
Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	
Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	
Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	

### 3. Close Family & Friends

Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	
Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	
Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	
Name	Address	City	State	Zip Code
Home Phone		Work Phone	Mobile Phone	

# FAMILY AND PERSONAL PREPARATION SHEETS

## 4. Deceased Members of the Family

Name	Relation	Location	Plot Number/Marker
Name	Relation	Location	Plot Number/Marker
Name	Relation	Location	Plot Number/Marker
Name	Relation	Location	Plot Number/Marker

# FAMILY AND PERSONAL PREPARATION SHEETS

## HOME AND LIVING INFORMATION

### 1. Living Arrangements and Daily Activities

# living at Home	# School Age Children at Home	Language(s) Spoken at Home	
Name School Age Child	Grade	School	Phone
Teacher	Start/End School Day	Transportation (to/from)	
Child's Friend/Parent Name(s)	Address	Phone	
Name School Age Child	Grade	School	Phone
Teacher	Start/End School Day	Transportation (to/from)	
Child's Friend/Parent Name(s)	Address	Phone	
Name School Age Child	Grade	School	Phone
Teacher	Start/End School Day	Transportation (to/from)	
Child's Friend/Parent Name(s)	Address	Phone	

### 2. Medical and Health Concerns of Home Residents

Name	Allergies	Medication(s)	Dosing
Name	Allergies	Medication(s)	Dosing
Name	Allergies	Medication(s)	Dosing

### 3. Dietary Restrictions and Concerns

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### 4. Pets

Species	Name	Feeding/Care Instructions
Species	Name	Feeding/Care Instructions
Species	Name	Feeding/Care Instructions

# FAMILY AND PERSONAL PREPARATION SHEETS

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Species	Name	Feeding/Care Instructions
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## 5. Home Care Requirements

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Service (Maid/Lawn Care/etc)	Company/Name	Phone	Email
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Day/Time of Service	Other Information
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Service (Maid/Lawn Care/etc)	Company/Name	Phone	Email
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Day/Time of Service	Other Information
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Specific Home Care Instructions

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## 6. Closest Relative or Neighborhood Friend

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Name	Address	Relationship
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Home Phone	Work Phone	Mobile Phone
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Name	Address	Relationship
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Home Phone	Work Phone	Mobile Phone
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Name	Address	Relationship
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Home Phone	Work Phone	Mobile Phone
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# FAMILY AND PERSONAL PREPARATION SHEETS

## INSURANCE

Each company requires a certified copy of the death certificate when application is made for life insurance benefits.

### LIFE INSURANCE POLICY LIST

Company	Location	Policy No.	Amount
Agent	Phone Number	Primary Beneficiary	
Company	Location	Policy No.	Amount
Agent	Phone Number	Primary Beneficiary	
Company	Location	Policy No.	Amount
Agent	Phone Number	Primary Beneficiary	

### LONG TERM HEALTH INSURANCE

Company	Location	Policy No.	Amount
Agent	Phone Number	Individual Covered/Beneficiary	
Company	Location	Policy No.	Amount
Agent	Phone Number	Individual Covered/Beneficiary	

### ACCIDENT AND HEALTH INSURANCE

Company	Location	Policy No.	Amount
Agent/POC	Phone Number	Individual Covered/Beneficiary	
Company	Location	Policy No.	Amount
Agent/POC	Phone Number	Individual Covered/Beneficiary	
Company	Location	Policy No.	Amount
Agent/POC	Phone Number	Individual Covered/Beneficiary	

## FAMILY AND PERSONAL PREPARATION SHEETS

### PROPERTY INSURANCE (RENTAL/RETIREMENT/OTHER)

Company	Location	Policy Number	Amount
Agent	Phone Number	Primary Beneficiary	
Address Property Covered	City	State	Zip Code
Company	Location	Policy Number	Amount
Agent	Phone Number	Primary Beneficiary	
Address Property Covered	City	State	Zip Code
Company	Location	Policy Number	Amount
Agent	Phone Number	Primary Beneficiary	
Address Property Covered	City	State	Zip Code

# FAMILY AND PERSONAL PREPARATION SHEETS

## MEMORIAL INSTRUCTIONS VETERAN

### 1. Religious / Spiritual Beliefs

My religious members and beliefs are as follows:

I desire the services be:                      Open to all                      Selective                      Private

Pre-purchased Burial Plan                      Company                      Location                      Amount

Policy Number                      Agent                      Phone Number                      Fax Number                      Email

At my request the following individual(s) have consented to carry out the following arrangements in accordance to my wishes.

I hold a TRUST or WILL, dated: \_\_\_\_\_ Location: \_\_\_\_\_

Held/Location                      Point of Contact:    Name                      Phone                      Fax                      Email

My Executor/Executrix of my TRUST/WILL is \_\_\_\_\_

Address                      Home Phone                      Work Phone                      Mobile Phone                      Email

### 2. Ceremonial Preferences and Burial Arrangements

Viewing wishes (Open/Closed): \_\_\_\_\_ Specific Dress/Uniform: \_\_\_\_\_

Burial wishes:                      Ground                      Mausoleum                      Cremation (Columbarium/Dispersed)  
                    At Sea                      Other

Veterans Cemetery (Pri)                      Veterans Cemetery (Sec)

Family Cemetery                      Section                      Lot Number                      Space Number                      Other Identifiers

Funeral Director                      Address/Location                      Phone                      Fax                      Email

Specific Ship and/or Location for Burial/Dispersion of Remains

# FAMILY AND PERSONAL PREPARATION SHEETS

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Special Requests/Specific Instructions (Military Honors/Caisson/Escort Troops/etc)

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### 3. Reserved Interment Space for Family

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Name	Relationship	Special Instructions
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Name	Relationship	Special Instructions
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Name	Relationship	Special Instructions
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### 4. Type of Service

Church      Funeral Chapel      Gravesite      Temple      Cemetery Chapel

Military Base Chapel      Home

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Clergy Name (if specific desired)	Denomination	Special Instructions to Clergy
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Military Organization(s)

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Fraternal Organization(s)

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# FAMILY AND PERSONAL PREPARATION SHEETS

## 5. Special Arrangements

Pallbearer Name	Relationship	Address	Phone	Email
Pallbearer Name	Relationship	Address	Phone	Email
Pallbearer Name	Relationship	Address	Phone	Email
Pallbearer Name	Relationship	Address	Phone	Email
Pallbearer Name	Relationship	Address	Phone	Email
Pallbearer Name	Relationship	Address	Phone	Email

Special Instructions/Dress Pallbearers

## 6. Scripture Selections

Description	Read By (Name)	Address	Phone	Email
Description	Read By (Name)	Address	Phone	Email
Description	Read By (Name)	Address	Phone	Email

## 7. Other Readings

Description	Read By (Name)	Address	Phone	Email
Description	Read By (Name)	Address	Phone	Email
Description	Read By (Name)	Address	Phone	Email

## 8. Music and Song

Ceremony Song/Music Title

## FAMILY AND PERSONAL PREPARATION SHEETS

Hymn/Song	Sung By (Name)	Address	Phone	Email
Hymn/Song	Sung By (Name)	Address	Phone	Email
Music/Instrument	Played By (Name)	Address	Phone	Email
Music/Instrument	Played By (Name)	Address	Phone	Email

### 9. Flowers/Donation Requests

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### 10. Preference in Memorialization

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### Headstone/Urn Inscription:

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Material	Design	Border	Lettering(Font)
Emblems	Other		

### Amplifying Instructions

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## FAMILY AND PERSONAL PREPARATION SHEETS

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