

BIOGRAPHICAL RECORD GUIDE

BIOGRAPHICAL INFORMATION

Name Known

By: _____

Full Given

Name: _____

Address: _____

Inside City Limits: _____ ***County:*** _____

Phone: _____

E-mail/Other

Contact: _____

-

Date of Birth: _____ ***Place of Birth:*** _____ ***Sex:*** _____

Race: _____

Citizen of What Country: _____ ***Hispanic Origin: Yes/No*** -

Specify: _____

Father's Full

Name: _____

-

Mother's Full Maiden

Name: _____

Social Security No.: _____ ***Education Level Completed: K-12*** _____

Secondary _____

Marital Status: M / W/ S/ D _____ ***Spouse***

Name(maiden): _____

**Military Service: Yes / No – If Yes Branch _____ Rank _____ Date
Enlisted _____**

**Where _____ Date Discharged _____ Where _____
War _____**

**Honors/Medals _____ Service
Number _____
(attach any discharge or other military papers with this information)**

**Occupation: _____ Type of
Business: _____**

**Employer: _____ Years of
Service: _____**

**Retirement: _____ Other Employment
Information: _____**

**Civil Organizations / Club
Memberships: _____**

**Religious
Preferences: _____**

**Church
Membership: _____**

Address/Phone: _____

Clergy: _____

FAMILY INFORMATION

Informant Contact: (person(s) that will be handling the arrangements)

Grandchildren: _____

Great-Grandchildren: _____

Great-Great-Grandchildren: _____

Preceded By: _____

FUNERAL SERVICE DETAILS

Arrangements to be handled by _____ Funeral Home located at

My Request is to be Buried / Entombed(mausoleum) / Cremated

Cemetery: _____

***Cemetery Property
Information:*** _____
Deed: Yes/No

***Other Request Regarding Final
Disposition:*** _____

***Permanent Memorialization (Headstone, Grave Marker, Bronze Memorial,
etc...):*** _____

***Place of
Service:*** _____

***Visitation: Yes/No
comments*** _____

***Casket: Open/Close
comments*** _____

Clothing/Jewelry/Other: _____

***Hairdresser: _____ Flower
Requests:*** _____

***Military Burial: Yes/No –
comments*** _____

***Music Selections (songs-hymns-vocalists-musicians-
etc...):*** _____

*Special Readings (scripture-poems-quotes-
etc...):* _____

*Preferred Eulogist (conducts
funeral):* _____

*Pall
Bearers:* _____

*Special Instructions/Requests (including organ Donations/Body to Science etc...)
:* _____

PERSONAL IMPORTANT INFORMATION FOR FAMILY USE

*Will: Yes/No –
Location/Comments:* _____

*Executor of the
Estate:* _____

*Life Insurance: Yes/No Company and Policy
Information:* _____

*Insurance Agent /Contact
Information:* _____

Attorney: Yes/No Name/Contact Information

Family Doctor

(name/phone):-----

Specialty Doctor

(name/phone):-----

Accountant: Yes/No Name/Contact

Information-----

Other Financial Advisor: Yes/No Contact

Information-----

Safe Deposit Box: Yes/No

Where-----

Real Estate

Owned:-----

Banking

Institution(s):-----

Investment/Other Financial

Institutions:-----

Stocks/Bonds

Information: _____

-

Notes/Comments: _____

Date information Completed: _____ **Completed**

By: _____

Information Updated on: _____ ; _____ ;

_____ ; _____