

PERSONAL ARRANGEMENTS GUIDE

To my loved ones and friends

It is my desire that you be spared from undo anxiety, expense, and inconvenience at the time of my death.

In this personal arrangements guide you will find information which I have recorded, and planning which represents my wishes, hoping in this way to relieve you at the time of need.

This information is for use by my family, Minister and church, Funeral Director, and/or others involved in the arrangements.

In this guide I have recorded certain vital statistics that will be needed, as well as other information.

I sincerely hope you will find these arrangements helpful, and that they will help you retain a warm memory of the time we have spent together.

A service of
Austin Heights Baptist Church
Nacogdoches, TX

VITAL STATISTICS

Name _____

Address _____

Phone (H) _____ (C) _____

Date of Birth _____ Place of Birth _____

Occupation (or retired from) _____

Employer _____ Type of Business _____

Social Security Number _____

Single _____ Married _____ Widowed _____ Divorced _____

Spouse Name _____

Father's Name _____

Birthplace _____ Date of Birth _____

Mother's Maiden Name _____

Birthplace _____ Date of Birth _____

Education (schools, degrees) _____

MILITARY

Branch of Service _____ Service Serial Number _____

Date Entered Service _____ Place _____

Date of Separation _____ Place _____

Grade, Rank, or Rating _____

Wars/Conflicts Served _____

Additional Information _____

MEMORIAL SERVICE INSTRUCTIONS

Funeral Home _____ Phone _____

Address _____

Service Location: Church _____ Funeral Home _____ Graveside _____

Church Preference _____

Minister _____ Phone _____

Lodge/Veteran Service by: _____

Casket: _____ Obituary: yes _____ no _____

Music Selections: _____

Floral Description _____

Clothing, jewelry _____

Other instructions (Scriptures, poems, etc.) _____

Pallbearers: Name	Address	Phone
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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ORGANIZATIONS TO BE NOTIFIED

Name	Phone
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_____	_____
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_____	_____
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_____	_____
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MEMORIALIZATION INFORMATION

Cemetery _____ Phone _____

Address _____

Type of Property: Mausoleum ___ Ground Burial ___ Urn/Niche _____

Location of Deed _____

“Visitation” prior to service: Yes ___ No ___ Casket open: Yes ___ No ___

Type of Memorial _____ Manufacturer _____

If cremation, ashes should be: _____

Organs/body donated through _____

ADDITIONAL INFORMATION

Listings may be attached to include information on will, power of attorney, banking, real estate, insurance, personal property inventory, personal history (for obituary), medical history, etc.

CHILDREN

Name

Address

Phone

PERSONS TO BE NOTIFIED

Name

Address

Phone
