

Legacy Planning Archive

Lessen the burden for your loved ones.

LEGACY
SAFEGUARD

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VITAL STATISTICS

Full _____
First Middle Last

Date of Birth _____ Sex: Male Female

Birthplace _____

Marital Status _____

Name of Spouse _____
First Middle Last

Date of Marriage _____

Place of Marriage _____

Number of:

Children__Grandchildren__Great-Grandchildren__

Occupation (former, if retired) _____ Years _____

Employer _____

Father's Name _____

Mother's Name _____

Veteran: Yes No Branch _____

Rank at Discharge _____

Discharge Date & Place _____

Location of Military Discharge Papers _____

Organization Memberships (Fraternal & Other)

Church/Religious Affiliation _____

Additional Information _____

WISHES FOR FINAL ARRANGEMENTS

Type of Ceremony: Traditional Burial Cremation

Cemetery Property: Yes No

Cemetery Name _____

Place of Service: Church Other _____

Viewing: Public Private None

Casket: Open at Service Closed at Service

Church Name (if applicable) _____

Officiant _____ Phone _____

Favorite Bible/Literary Passage(s) _____

Music Selection _____

Floral Request _____

Memorial Contributions _____

Jewelry, etc.: On Off Give to _____

Glasses: On Off Give to _____

Flag (if Veteran): Draped Folded

Present to _____

Additional Requests _____

Person to Be In Charge of Final Arrangements

Full Name _____
First Middle Last

Address _____

City _____ State _____ ZIP _____

Relationship _____

Other Emergency Contact

Full Name _____
First Middle Last

Address _____

City _____ State _____ ZIP _____

Relationship _____