

*To My Family*

It has been my wish to spare you worry, anxiety, and expense in the event of my death. Through Lindquist Mortuaries, I have been able to suggest many arrangements in advance of need. Below are detailed suggestions to guide you in making final arrangements, together with vital information that will be required to complete the necessary legal documents. I respectfully request that the below suggestions be considered as closely as possible in completing my final arrangements.

**VITAL STATISTICS**

Full Name \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
 Father's Birthplace \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Mother's Birthplace \_\_\_\_\_  
 Name of Spouse \_\_\_\_\_  
 Marriage Date \_\_\_\_\_  
 Marriage Location (City) \_\_\_\_\_  
 Social Security No. \_\_\_\_\_  
 Usual Occupation \_\_\_\_\_  
 Years Employed \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Industry \_\_\_\_\_  
 Education \_\_\_\_\_  
 Years of Education \_\_\_\_\_  
 Civic Organizations \_\_\_\_\_  
 \_\_\_\_\_  
 Memberships, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 Person in charge of  
 final arrangements \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Relationship \_\_\_\_\_

**MILITARY RECORD**  
 Branch of Service \_\_\_\_\_  
 Entry Date \_\_\_\_\_  
 Discharge Date \_\_\_\_\_

Rank at Discharge \_\_\_\_\_  
 Serial Number \_\_\_\_\_  
 CSA CSF Number \_\_\_\_\_  
 Name of War  
 or War Era \_\_\_\_\_

**FUNERAL SERVICE REQUESTS**

Mortuary Preferences \_\_\_\_\_  
 Place of Service:  Mortuary  Church  
 Graveside  Other \_\_\_\_\_  
 Viewing  Evening  One Hour Prior  
 Religious Affiliation \_\_\_\_\_  
 Officiant \_\_\_\_\_  
 Flower Preference \_\_\_\_\_  
 \_\_\_\_\_  
 Music Preference \_\_\_\_\_  
 \_\_\_\_\_  
 Pallbearers \_\_\_\_\_  
 \_\_\_\_\_  
 Newspapers for Obituary Notices \_\_\_\_\_  
 \_\_\_\_\_  
 Jewelry \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Flag \_\_\_\_\_  
 Glasses \_\_\_\_\_  
 Other \_\_\_\_\_

**INTERMENT REQUESTS**

I prefer:  Earth Burial  Mausoleum/Niche  
 Cremation  Other \_\_\_\_\_  
 Name of Cemetery \_\_\_\_\_  
 City and State \_\_\_\_\_  
 \_\_\_\_\_  
 Property Owner \_\_\_\_\_  
 Prepaid Funeral Plan?  Yes  No  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_