How to use this document:
The Funeralwise.com Funeral Planning Checklist and Planning Form is designed to help you compile all the information you need when making arrangements for a funeral or when doing funeral pre-planning.

- When using the form for a funeral that will take place right away, just complete the sections you need then print the form and take it with you when you visit your funeral director.
- When using the form for pre-planning, you can complete the form over time and print your final copy for safekeeping. We recommend that you revisit your form from time-to-time to make sure your information stays up-to-date.

Try our Wise Planning System:
Regardless of whether you are making arrangements for a service that will take place right away or pre-planning a funeral that will take place sometime in the future, we suggest that you visit our Wise Planning System. You can develop a Quick Plan in as little as 5 minutes! Once you do, you can see cost estimates for various funeral services, change your information as the need arises, and much more.

Click here to learn more about planning the Wise Way or copy the following into your browser address bar: https://www.funeralwise.com/plan/.
The following checklist is designed to help you keep track of the information you have gathered. Each item corresponds with a section in the planning form.

<table>
<thead>
<tr>
<th>SECTION 1: BASIC INFORMATION</th>
<th>Page</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Personal Information</td>
<td>1</td>
<td>[ ]</td>
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<tr>
<td>Information about the Person Making Arrangements</td>
<td>2</td>
<td>[ ]</td>
</tr>
<tr>
<td>Notifications</td>
<td>2</td>
<td>[ ]</td>
</tr>
<tr>
<td>Filings and Notices</td>
<td>3</td>
<td>[ ]</td>
</tr>
<tr>
<td>Location of Important Information</td>
<td>3</td>
<td>[ ]</td>
</tr>
<tr>
<td>Travel Information</td>
<td>4</td>
<td>[ ]</td>
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<tr>
<td>Method of Final Disposition</td>
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<td>[ ]</td>
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<th>SECTION 2: FUNERAL SERVICE INFORMATION</th>
<th>Page</th>
<th>Completed</th>
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<tbody>
<tr>
<td>Type of Funeral Service Plan</td>
<td>5</td>
<td>[ ]</td>
</tr>
<tr>
<td>Methods of Care</td>
<td>5</td>
<td>[ ]</td>
</tr>
<tr>
<td>Methods of Presentation</td>
<td>5</td>
<td>[ ]</td>
</tr>
<tr>
<td>Visitation Selections</td>
<td>6</td>
<td>[ ]</td>
</tr>
<tr>
<td>Transportation Selections</td>
<td>6</td>
<td>[ ]</td>
</tr>
<tr>
<td>Funeral / Memorial Service Selections</td>
<td>7</td>
<td>[ ]</td>
</tr>
<tr>
<td>Preferred Tribute Type</td>
<td>9</td>
<td>[ ]</td>
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<td>Cemetery Information</td>
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<th>SECTION 3: FUNERAL MERCHANDISE INFORMATION</th>
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<table>
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<tr>
<th>SECTION 4: ADDITIONAL PERSONAL INFORMATION</th>
<th>Page</th>
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<td>[ ]</td>
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</tbody>
</table>

Click here to [visit the Wise Planning System](https://www.funeralwise.com/plan/) or copy the following into your browser address bar: https://www.funeralwise.com/plan/.
## SECTION 1: BASIC INFORMATION

**Primary Personal Information (for you or the Person you are Planning for):**

- **Personal Information**
  - Name (Last) ___________________________ (First) ______________________ (Middle) ___________________________
  - Suffix (e.g., Sr., Jr.) _______ Sex (M / F) _______ Social Security No. ______________________
  - Citizenship (country) ________________________ Ancestry ________________________________________________
  - Ethnic Group/Race __________________________ Religion ________________________________
    (e.g., African-American, Asian, Caucasian, Hispanic, etc.)

- **Residence**
  - Street Address ____________________________________________ Apt./Unit # _______ Facility Name __________________
  - City __________________________ County __________________ State __________________________
  - Zip ________________ Country __________________________

- **Birth Information**
  - Date of Birth __________________________ City of Birth ________________________________________________
  - County __________________________ State __________________________ Country __________________________

- **Emergency Information (if you are planning for yourself)**
  - Person to Contact __________________________________________ Phone ________________________________
  - Physician __________________________________________ Phone ________________________________

- **Death Information (if you are planning for someone recently deceased)**
  - Date of Death _________________ Time of Death ______________________(AM / PM)
  - Cause of Death __________________________________________ Certifying Physician __________________________

- **Place of Death**
  - Facility Name __________________________ (if applicable) Type of Facility __________________________
    (e.g., hospital, nursing home)
  - Address __________________________________________ City __________________________
  - County __________________________ State __________________________ Zip ________________
  - Phone __________________________
Information About the Person Making Arrangements (Next of Kin/Responsible Party):

Name (Last, First, Middle) __________________________________________________________________________

Address _____________________________ City _________________________ State ______________ Zip _____________

Day Phone _____________________ Phone #2 __________________________ E-Mail ________________________________

Relationship to Deceased __________________________________________________________________________

Notifications:

❖ **Persons to be Notified**

Name ___________________________ Address ___________________________ Phone __________________

Name ___________________________ Address ___________________________ Phone __________________

Name ___________________________ Address ___________________________ Phone __________________

Name ___________________________ Address ___________________________ Phone __________________

Name ___________________________ Address ___________________________ Phone __________________

Name ___________________________ Address ___________________________ Phone __________________

❖ **Contacts for Legal Matters**

Person Responsible for Funeral Arrangements

Name ___________________________ Phone __________________________

Address ___________________________ City _________________________ State _____ Zip _____________

Attorney

Name ___________________________ Firm ___________________________ Phone __________________

Address ___________________________ City _________________________ State _____ Zip _____________

Executor of Estate

Firm Name ___________________________ Phone __________________

Address ___________________________ City _________________________ State _____ Zip _____________
## Filings and Notices (if you are planning for someone recently deceased):

- **Death Certificates**

  Number of Death Certificates Required: ____________

<table>
<thead>
<tr>
<th>Deliver To</th>
<th>Quantity</th>
<th>Phone</th>
<th>Address</th>
</tr>
</thead>
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<td>___________</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

- **Obituary**

  Newspaper(s) ______________________________________
  Other ____________________________________________

## Location of Important Information:

Identify where the following important documents are located:

- Last Will & Testament ____________________________________________
- Birth Certificate ______________________________________________
- Marriage License ______________________________________________
- Social Security Card ____________________________________________
- Digital/Electronic Account Information ____________________________
- Citizenship papers, if appropriate ________________________________
- Military Discharge Papers ________________________________________
- Life and Other Insurance Policies ________________________________
- Deeds and Titles to Property (home, autos, etc) ____________________
- Bank Account Passbooks _________________________________________
- Income Tax Returns _____________________________________________
- Certificates of Ownership of Burial Property ________________________
- Bills to be Paid and other Financial Information _____________________

**Location of Safe Deposit Box**

- Financial Institution _____________________________ Phone ____________
  Address _____________________ City ______________ State _______ Zip ____________
Travel Information if the deceased must be transported between cities:

<table>
<thead>
<tr>
<th>Location where the deceased must be transported from:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Funeral Home</td>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Telephone</td>
<td>Fax</td>
<td></td>
</tr>
</tbody>
</table>

Location where the deceased must be transported to:

<table>
<thead>
<tr>
<th>Location where the deceased must be transported to:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Funeral Home</td>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Telephone</td>
<td>Fax</td>
<td></td>
</tr>
</tbody>
</table>

Method of Final Disposition:

Choose method of final disposition:

- Whole body burial or entombment
- Cremation

If cremation, specify disposition of ashes:

- Burial or entombment at cemetery
- Scattering at cemetery
- Deliver to survivors
- Other ___________________________________________________________________

- Donation to medical science

Specify Recipient Organization, if one has been selected:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>City/State/Zip</th>
<th>Telephone</th>
</tr>
</thead>
</table>

Other: Specify __________________________________________________________________ (e.g., burial at sea, scatter in outer space)

Also specify the Service Provider, if one has been selected:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>City/State/Zip</th>
<th>Telephone</th>
</tr>
</thead>
</table>
SECTION 2: DETAILED FUNERAL SERVICE INFORMATION

Type of Funeral Service Plan:

Choose a type of Funeral Service Plan:

☐ Traditional (includes a visitation and a funeral service in which the deceased is present in an open or closed casket)

☐ Memorial (includes one or more services without the presence of the deceased)

☐ Graveside (includes one service held at the graveside before interment)

☐ Traditional Plus (includes a visitation and a funeral service in which the deceased is present in an open or closed casket, plus one or more memorial services without the presence of the deceased)

☐ Direct (the deceased is buried, cremated or donated to medical science without any funeral services)

Methods of Care:

Select the following services regarding preparation and care:

Do you want to have an embalming performed? (Y/N) ______ (this may be required)

Do you want a DNA sample taken? (Y/N) ______

Do you want an autopsy performed? (Y/N) ______ (this may be required)

Methods of Presentation:

❖ Casket Presentation Selections

(Make these selections if a Traditional or Traditional Plus Service Plan has been chosen)

Select how you prefer the casket presented at the visitation(s): ☐ Open ☐ Closed

Select how you prefer the casket presented at the funeral: ☐ Open ☐ Closed

Do you want only a private family viewing? (Y/N) ______

Note: the deceased will be dressed and cosmetics will be applied if you have chosen to have a private family viewing or select to have an open casket presentation. If you do not wish to have the deceased dressed and cosmeticized for viewings, please explain below how you would like the deceased to be presented:
**Detailed Funeral Service Information (Continued)**

- **Clothing Selections**
  
  New  
  
  Existing  
  
  Jewelry  
  
  Clothing Selections to be made by:  

- **Visitation Selections:**

  *(Make these selections if a Traditional or Traditional Plus Service Plan has been chosen)*

  Choose a location for the visitation:

  - [ ] Funeral Home
  - [ ] Church, temple, synagogue or other religious sanctuary
  - [ ] Other Facility (describe) ______________________________________

  Indicate name, address and telephone of chosen location:

  Name _____________________________________________________________
  
  Address __________________________________________________________
  
  City ___________________________ State ___________________ Zip ________
  
  Telephone _____________________ Fax _____________________________

- **Transportation Selections:**

  *(Make these selections if a Traditional or Traditional Plus or Graveside Service Plan has been chosen)*

  Choose method of transporting the deceased between service locations and to the cemetery

  - [ ] Funeral Coach or Hearse
  - [ ] Funeral Van (more economical)

  Choose method of transporting family members between service locations and to the cemetery

  - [ ] Limousine # of people ______
  - [ ] Sedan # of people ______

  [ ] Family will provide transportation

  Escort Needed? (Y/N) ______ Instructions ____________________________________________
Funeral / Memorial Service Selections:

(Make these selections if a Traditional or Memorial or Traditional Plus Service Plan has been chosen. If there will be more than one service, make additional copies of this section and complete it for each service)

✧ **Service Selections**

Indicate type of Service: [ ] Funeral Service [ ] Memorial Service

Choose a location for the funeral service:

[ ] Funeral Home
[ ] Church, temple, synagogue or other religious sanctuary
[ ] Other Facility (specify) ________________________________

Indicate name, address and telephone of chosen location:

Name ______________________________ Address ________________________________

City _______________________________ State ________________ Zip ________________

Telephone __________________________ Fax ________________________________

✧ **Clergy or Officiant Presiding**

Name ______________________________ Affiliation ______________________________ Phone __________________

Name ______________________________ Affiliation ______________________________ Phone __________________

✧ **Pallbearers: (Make these selections if a Traditional or Traditional Plus or Graveside Service Plan has been selected)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Active, Honorary or Alternate?</th>
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<tbody>
<tr>
<td>Name</td>
<td>Phone</td>
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<td>Name</td>
<td>Phone</td>
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</tbody>
</table>
Funeral / Memorial Service Selections (Continued)

❖ **Music**

<table>
<thead>
<tr>
<th>Title</th>
<th>Artist</th>
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</table>

❖ **Performers**

Organist
Name _____________________________
Phone __________

Vocalist
Name _____________________________
Phone __________
Name _____________________________
Phone __________
Name _____________________________
Phone __________

❖ **Readings**

<table>
<thead>
<tr>
<th>Title</th>
<th>Source/Reference</th>
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To be read by: _____________________________
Phone __________

❖ **Tribute Video/Slide Show**

Prepared/Coordinated by: _____________________________
Funeral Planning Form

Funeral / Memorial Service Selections (Continued)

❖ Flowers
Florist ___________________________________________ Phone ________________________

Floral Selection #1 ___________________________________________

Floral Selection #2 ___________________________________________

Floral Selection #3 ___________________________________________

Floral Selection #4 ___________________________________________

❖ Memorial displays
Description ___________________________________________

________________________________________________________________

________________________________________________________________

❖ Special Service Components
(Complete this section to provide instructions for special service components such as a 21-gun salute, horse-drawn procession, or the rites of fraternal organizations like Masonic organizations or Veterans of Foreign Wars)

Description ___________________________________________

________________________________________________________________

Preferred Tribute Type:

☐ Floral

☐ Masses

☐ Charitable

Preferred Charity #1: _______________________________ Telephone _________________

Address: ___________________________ City/State/Zip: _________________________________

Preferred Charity #2: _______________________________ Telephone _________________

Address: ___________________________ City/State/Zip: _________________________________
Cemetery Information:

*(Complete this section if a burial or scattering at the cemetery has been chosen)*

Cemetery Name ____________________________ Address ____________________________

City _____________________________________ State ___________________ Zip __________

Telephone _______________________________ Fax _____________________________

Property Identification:

- Garden __________________________ Lot __________ Space __________
- Niche (for urn) ________________________________

SECTION 3: DETAILED FUNERAL MERCHANDISE INFORMATION

Funeral Merchandise:

- **Casket**

  Manufacturer __________________ Model # __________ Model Name __________________

Identify type of casket:

- [ ] Wood Specify ____________________ (e.g., birch, cherry, mahogany, maple, oak, pine, poplar, walnut, etc.)
- [ ] Precious Metal Specify __________ (bronze or copper) Sealed? (Y/N) _____
- [ ] Steel Specify __________ (16, 18 or 20 gauge) Stainless? (Y/N) _____ Sealed? (Y/N) _____
- [ ] Cloth covered
- [ ] Other Specify ______________________________

Identify lid style:

- [ ] Half Couch (2 piece)    [ ] Full Couch (1 piece)

Identify interior features:

- Material ______________________ (e.g., crepe, linen, velour, velvet) Color __________
- Style _______________________ (e.g., shirred, tailored, tufted)
- Special Features ____________________________________________________________
Funeral Merchandise (Continued)

- **Outer Burial Container**
  Manufacturer _______________________
  Model # _________________
  Model Name _______________________

  Identify type of outer burial container:
  - [ ] Grave Box or Grave Liner Specify _______________ (e.g., concrete or wood)
  - [ ] Vault Specify _______________ (e.g., bronze, copper, concrete, plastic, wood, composite)
  - [ ] Lawn Crypt Specify _______________ (e.g., concrete or wood)

  Special Features __________________________________________________________________________

- **Cremation Urn**
  Manufacturer _______________________
  Model # _________________
  Model Name _______________________

  Material _________________________ (e.g., bronze, ceramic, marble, wood)

- **Grave Marker**
  Manufacturer _______________________
  Model # _________________
  Model Name _______________________

  Identify type of grave marker:
  - [ ] Grave Marker (flush to the ground) Specify _______________ (e.g., bronze, granite, marble)
  - [ ] Monument (upright) Specify _______________ (e.g., bronze, granite, marble)
  - [ ] Lawn Crypt Specify _______________ (e.g., concrete or wood)

  Engraving
  ____________________________________________
  ____________________________________________

- **Stationery Products**
  Guest Register Book: Manufacturer _______________________
  Style _________________
  Quantity _________

  Prayer Cards:
  Manufacturer _______________________
  Style _________________
  Quantity _________

  Verse to print on Prayer Cards: ____________________________________________

  Memorial Folders:
  Manufacturer _______________________
  Style _________________
  Quantity _________

  Verse to print on Memorial Folder: ____________________________________________

  Prayer Books:
  Manufacturer _______________________
  Style _________________
  Quantity _________

  Acknowledgement Cards:
  Manufacturer _______________________
  Style _________________
  Quantity _________
SECTION 4: ADDITIONAL PERSONAL INFORMATION

(The following information, to the extent it is complete, will be used for obituary purposes and will provide a genealogy record for the family of the deceased)

◆ Marital Information

Marital Status (single / married / widowed / divorced) ______________________

Spouse
Name (Last) ____________________________ (First) ____________________________ (Middle) ____________________________
Suffix (e.g., Sr., Jr.) ______ Sex (M / F) ______ Social Security No. ______________________
Living? (Y/N) ______ Birth Date __________________________ Date of Death ______________________
Address __________________________ City __________________________ State ______ Zip __________
Country __________________________ Telephone __________________________ E-Mail ______________________

Marriage Data
Date of Marriage __________ City __________________________ State __________ Country __________

◆ Parents

Father Data
Name (Last) ____________________________ (First) ____________________________ (Middle) ____________________________
Suffix (e.g., Sr., Jr.) ______ Living? (Y/N) ______ Date of Death ______________________
Birth Date __________________________ Birth Place __________________________
Married (Y/N) ______ Spouse Name (if not Mother) __________________________
Address __________________________ City __________________________ State ______ Zip __________
Country __________________________ Telephone __________________________ E-Mail ______________________

Mother Data
Name (Last) ____________________________ (First) ____________________________ (Middle) ____________________________
Maiden Name __________________________ Living? (Y/N) ______ Date of Death ______________________
Birth Date __________________________ Birth Place __________________________
Married (Y/N) ______ Spouse Name (if not Father) __________________________
Address __________________________ City __________________________ State ______ Zip __________
Country __________________________ Telephone __________________________ E-Mail ______________________
**Additional Personal Information (Continued)**

- **Children**

  **Child #1**
  
  Name (Last) ____________________________ (First) ____________________________ (Middle) ____________________________
  
  Suffix (e.g., Sr., Jr.) _______ Male/Female (M/F) _______
  
  Living? (Y/N) _______ Birth Date ____________________ Date of Death __________________
  
  Married? (Y/N) _______ Spouse Name ____________________________ No. of Children _______
  
  Address ____________________________ City ____________________________ State _____ Zip _______
  
  Country ____________________________ Telephone __________________
  
  E-Mail ____________________________
  
  **Child #2**
  
  Name (Last) ____________________________ (First) ____________________________ (Middle) ____________________________
  
  Suffix (e.g., Sr., Jr.) _______ Male/Female (M/F) _______
  
  Living? (Y/N) _______ Birth Date ____________________ Date of Death __________________
  
  Married? (Y/N) _______ Spouse Name ____________________________ No. of Children _______
  
  Address ____________________________ City ____________________________ State _____ Zip _______
  
  Country ____________________________ Telephone __________________
  
  E-Mail ____________________________
  
  **Child #3**
  
  Name (Last) ____________________________ (First) ____________________________ (Middle) ____________________________
  
  Suffix (e.g., Sr., Jr.) _______ Male/Female (M/F) _______
  
  Living? (Y/N) _______ Birth Date ____________________ Date of Death __________________
  
  Married? (Y/N) _______ Spouse Name ____________________________ No. of Children _______
  
  Address ____________________________ City ____________________________ State _____ Zip _______
  
  Country ____________________________ Telephone __________________
  
  E-Mail ____________________________
Additional Personal Information (Continued)

- **Siblings**

  **Brother/Sister #1**
  
  Name (Last) __________________________ (First) __________________________ (Middle) __________________________
  
  Suffix (e.g., Sr., Jr.) ________ Male/Female (M/F) ______
  
  Living? (Y/N) ______ Birth Date ____________ Date of Death ____________
  
  Married? (Y/N) ______ Spouse Name __________________________ No. of Children ______
  
  Address __________________________ City __________________________ State _______ Zip ________
  
  Country __________________________ Telephone __________________________
  
  E-Mail __________________________

  **Brother/Sister #2**
  
  Name (Last) __________________________ (First) __________________________ (Middle) __________________________
  
  Suffix (e.g., Sr., Jr.) ________ Male/Female (M/F) ______
  
  Living? (Y/N) ______ Birth Date ____________ Date of Death ____________
  
  Married? (Y/N) ______ Spouse Name __________________________ No. of Children ______
  
  Address __________________________ City __________________________ State _______ Zip ________
  
  Country __________________________ Telephone __________________________
  
  E-Mail __________________________

  **Brother/Sister #3**
  
  Name (Last) __________________________ (First) __________________________ (Middle) __________________________
  
  Suffix (e.g., Sr., Jr.) ________ Male/Female (M/F) ______
  
  Living? (Y/N) ______ Birth Date ____________ Date of Death ____________
  
  Married? (Y/N) ______ Spouse Name __________________________ No. of Children ______
  
  Address __________________________ City __________________________ State _______ Zip ________
  
  Country __________________________ Telephone __________________________
  
  E-Mail __________________________

- **Grandchildren**

  No. of Grandchildren ________ No. of Great Grandchildren ________ No. of Great-Great Grandchildren ________
Additional Personal Information (Continued)

- **History of Residences**
  - City / State / Country ____________________________ No. of Years _________
  - City / State / Country ____________________________ No. of Years _________
  - City / State / Country ____________________________ No. of Years _________
  - City / State / Country ____________________________ No. of Years _________

- **Education**
  - Elementary School ____________________________ City/State ____________________________
  - High School ____________________________ City/State ____________________________
    Year Graduated _________
  - Undergraduate College ____________________________ City/State ____________________________
    Undergraduate Degree ____________ Year _________
  - Graduate College ____________________________ City/State ____________________________
    Graduate Degree ____________ Year _________

- **Military Record**
  - Branch of Service ____________ Years Served From ____________ To ____________
  - Rank ___________________ Service Number __________________________
  - Wars Served __________________________ Decorations __________________________

- **Work History**
  - Retired? (Y/N) _________ Year Retired ____________
  - Principle occupation ____________________________ No. of Years _________
    Industries ____________________________
  - Secondary occupation ____________________________ No. of Years _________
    Industries ____________________________
  - Employer #1 ____________________________ City/State ____________________________
    Years From ____________ To ____________
  - Employer #2 ____________________________ City/State ____________________________
    Years From ____________ To ____________
Additional Personal Information (Continued)

Employer #3 ____________________________ City/State ____________________________
Years From ____________ To ____________
Employer #4 ____________________________ City/State ____________________________
Years From ____________ To ____________

◆ Religious Institutions

Institution #1 __________________________________________________________
Institution #2 __________________________________________________________

◆ Memberships and Public Offices Held

Organization #1 __________________ Position(s) Held __________________________
Organization #2 __________________ Position(s) Held __________________________
Organization #3 __________________ Position(s) Held __________________________
Organization #4 __________________ Position(s) Held __________________________
Organization #5 __________________ Position(s) Held __________________________

◆ Notable Accomplishments

Accomplishment #1
______________________________________________________________________________________
______________________________________________________________________________________
Accomplishment #2
______________________________________________________________________________________
______________________________________________________________________________________
Accomplishment #3
______________________________________________________________________________________
______________________________________________________________________________________
Accomplishment #4
______________________________________________________________________________________
______________________________________________________________________________________