

Record Guide

Last Name

First Name

Middle

JG ADVANCE
PLANNING

www.jgadvanceplanning.com

 JG Advance Planning Group

STATISTICS RECORD

Name _____	SSN# _____				
Street _____ City _____ State _____	Zip Code _____				
Phone _____ County _____ Birthdate _____	Birthplace _____				
Father's Name _____	Birthplace _____				
Mother's Maiden Name _____	Birthplace _____				
Marital Status _____					
<table border="1"><tr><td>M</td><td>D</td><td>S</td><td>W</td></tr></table> To _____ Date _____ Place _____ Death Date _____	M	D	S	W	
M	D	S	W		
Doctor's Name _____ To _____ Date _____ Address _____	Place _____ Death Date _____				

PERSONAL HISTORY

Occupation _____	Employer _____
Position Held _____	How Long _____ Retired _____
Resident Cities Years _____	
Education _____	
Military: War _____	Rate or Rank _____
Enlistment Date and Place _____	
Discharge Date and Place _____	
Service Number _____	
Lodges, Memberships, Church & Public Office Held _____	
General Biography for Media and Funeral Services Folders _____	
Newspaper: The funeral home will notify the local newspaper.	
Other: _____	
Picture enclosed: Yes _____	No _____

FINAL WISHES AND DESIRES

Cemetery _____	Location _____		
Section _____	Lot _____	Space _____	Marker Installed _____
Special Instructions _____			

Place:			
Chapel _____	Church _____	Graveside _____	
Prayer Service _____	Rosary _____		
Clergy _____			

Church _____			
Organist _____	Vocalist(s) _____		
Music Selections _____			

Favorite Bible Passages, Poetry, Quotations and Verses, Etc. _____			

Flower Requests _____			
Clothing	New _____	Present _____	Color _____
Jewelry _____			
Decisions of clothing, jewelry to be made by? _____			

Participating Organizations (Fraternal/Military Rites) _____			

Pallbearers	Name	City	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Alternates/Honorary _____			

Special Instructions _____			

AUTHORIZATION

I, _____, have given the preceding information, to be filed in the funeral home of my choice, in order to avoid placing all responsibility on family and loved ones at the time of my death.	
Counselor _____	
Authorized by _____	Date _____