

\*CONFIDENTIAL\*

# Family Information Guide



## Important Information and Instructions

*Note: This guide should be kept in a safe place at home. DO NOT KEEP IN A SAFE DEPOSIT BOX*

### Vital Statistics & Historical Data

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_  
 In City Since \_\_\_\_\_ In County Since \_\_\_\_\_ In State Since \_\_\_\_\_  
 Marital Status:  Single  Married  Widowed  Divorced  
 Social Security No. \_\_\_\_\_ Union Local \_\_\_\_\_ No. \_\_\_\_\_  
 Employed by (or retired from) \_\_\_\_\_ Job Title \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Living  Yes  No Birthplace \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ Living  Yes  No Birthplace \_\_\_\_\_

### Estate Information

INSURANCE COMPANY	POLICY NUMBER	AMOUNT
Life _____	_____	\$ _____
Life _____	_____	\$ _____
Medical _____	_____	\$ _____

### Financial Institution Information

Name of Institution \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Account Number \_\_\_\_\_  Checking/Share Draft  Saving

Name of Institution \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Account Number \_\_\_\_\_  Checking/Share Draft  Saving

### Safe Deposit Box

Name of Institution \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Funeral Service Requests

Funeral Home \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_  
Church Denomination \_\_\_\_\_ Minister \_\_\_\_\_  
Place of Service:  Funeral Home  Church  Graveside  
I prefer:  Earth Burial  Cremation  Mausoleum I Have Purchased Lots:  Yes  No  
My Choice of Cemetery Is \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
If Internment is to Be Elsewhere, Ship to: \_\_\_\_\_ Funeral Home  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Special Instructions \_\_\_\_\_

## Veterans Information

Branch of Service \_\_\_\_\_ Name of War \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
Rate at Discharge \_\_\_\_\_ Service No. \_\_\_\_\_ V.A. Claim No. \_\_\_\_\_  
Place of Enlistment \_\_\_\_\_ Place of Discharge \_\_\_\_\_  
Birthdate \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Location of Discharge Papers \_\_\_\_\_

## Spouse Vital Statistics & Historical Data

Full Name \_\_\_\_\_ Living  Yes  No Date of Death \_\_\_/\_\_\_/\_\_\_  
Birthdate \_\_\_/\_\_\_/\_\_\_ Birthplace \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Persons to be Notified

*In the event of an emergency, please notify the following people to assist in any further arrangements. (Relatives, friends, neighbors)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PERSON TO BE IN CHARGE OF FINAL ARRANGEMENTS

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Estate Documents

I have prepared my:  Will  Trust Husband \_\_\_\_\_ Wife \_\_\_\_\_  
My Attorney Is \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
Executor/Executrix \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
Papers Are On file: Location \_\_\_\_\_  
I Have a Living Will:  Yes  No Location \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For more information about estate planning, please contact our Planned Giving department at [FocusPlannedGiving@fof.org](mailto:FocusPlannedGiving@fof.org) or (800) 782-8227.