Memorial Planning Questionnaire

A precious gift...

Providing your family with thoughtful guidance at an emotionally stressful time, is the most precious gift you can give them.

603-532-6484

www.cournoyerfh.com
Memorial Planning Questionnaire

The death of a family member causes one of the most emotionally stressful times we must endure in our lives. Please help us assist your family by taking the time to provide the information requested in this guide. By relieving your family of the burdens of having to find this information on their own, and by making these decisions for them now, you will have given them a lasting and very precious gift.

Personal Information needed for completion of Death Certificate and all Claims

First, Middle, (Maiden) and Last Name: ________________________________
Current Address (street & number) ________________________________
Town_________________________ County_________________________ State___________
Date of Birth: ________________ Place of Birth: _______________________
Citizen of____________________ Social Security #________________________
Telephone #___________________ e-mail address: ________________________

Primary Doctor’s Name: ________________________________
Office Location: ________________________________
Additional Doctor’s Names: ________________________________

Father’s First, Middle and Last Name: ________________________________
Place of His Birth: ________________________________

Mother’s First, Middle and Maiden Last Name: ________________________________
Place of Her Birth: ________________________________

Marital Status: (check one) Single / Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widow ☐
Spouse’s First, Middle and Maiden Last Name: ________________________________
Date Married: __________________ Place Married: __________________
Spouse’s Date of Death: __________________ (if applicable) Additional Marital Information: ________________________________

Education: Highest Grade of school completed: ________________________________
High School attended: ________________________________ Year of Graduation: ________________
College/s attended: ________________________________
Degrees Earned: ________________________________
Graduate School/s attended: ________________________________

Military Information** Branch of Service: __________________ Service Number: __________________
Rate or Rank at Discharge: ________________________________
Enlistment date and place: ________________________________
Discharge date and place: ________________________________
Wars / Locations Served in: ________________________________

**A photocopy of your DD214 must accompany these notes. Copy enclosed Yes ☐ No ☐
Informant for Death Certificate

Person to be in charge of my funeral arrangements: Name: _______________________________
Address: __________________________________________________________________________
Telephone #’s (home) __________________ (work) __________________ (cell) __________________
Date of Birth __________________________ Social Security # __________________________

Cemetery Information and Instructions

Cemetery Name: ____________________________ Location: _______________________________
Cemetery Lot # ___________ Section: __________________________
In whose Name is the Lot registered? __________________________
Where in Lot is grave to be opened? ___________ Grave #: ___________
Is a Grave Marker already installed? Yes ☐ No ☐ (Describe) __________________________

Do the dates need to be engraved? Yes ☐ No ☐ If Yes, the entire date? (January 1, 2018) ☐ or year only? (2018) ☐

Additional Cemetery Information: ______________________________________________________

________________________________________________________________________________

If you are considering cremation, and a cemetery setting is not desired, please describe your preferences for what should happen to the cremated remains: _________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Are there any other Final Arrangements that you have made or prepaid that you would like your family to know about? _____________________________________________________________

________________________________________________________________________________
Personal History for an Obituary

Places Lived:  (Towns/Cities, States and years lived there)

Accomplishments and Special Memories:

Community Service, Clubs, Lodges, Memberships, Church & Public Offices held:

Hobbies / Interests:

Pets / Special Friends:

Other Information:
<table>
<thead>
<tr>
<th>Relative Type</th>
<th>Name</th>
<th>Town/City</th>
<th>State</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
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<tr>
<td>Step-Father</td>
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<td>Mother</td>
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<tr>
<td>Step-Mother</td>
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<td>Spouse</td>
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<td>Daughters</td>
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<td>Sons</td>
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<td>Sisters</td>
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<td>Brothers</td>
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<tr>
<td># of Grandchildren</td>
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<tr>
<td># of Great Grandchildren</td>
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<td># of Great-Great Grandchildren</td>
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<td># of Step-Grandchildren</td>
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<td># of Step-Great Grandchildren</td>
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<td>Nieces/Nephews/Cousins</td>
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<tr>
<td>Y / N</td>
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</tbody>
</table>
**Additional Family History:** (pre-deceased by, former spouses, etc.)

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I would like Memorial Donations to go to:

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I have enclosed a Photograph of myself: Yes ☐ No ☐ Use the Photograph for my Obituary? Yes ☐ No ☐

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I would like my Obituary / Death Notice placed in the following newspapers:

<table>
<thead>
<tr>
<th>Website</th>
<th>Keene Sentinel</th>
<th>Monadnock Ledger-Transcript</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.cournoyerfh.com">www.cournoyerfh.com</a></td>
<td>☐</td>
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<tr>
<td>Union Leader</td>
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<tr>
<td>Nashua Telegraph</td>
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<tr>
<td>Worcester Telegram</td>
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</tbody>
</table>

Other Newspapers ____________________________

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**Personal Wishes and Information for Funeral Arrangements**

*Birthdays are celebrated every year – a celebration of life occurs only once.*

*Your choices should reflect your exact personal wishes that will allow friends and loved ones to express their love with a ceremony that is as unique as you are.*

**I prefer:** Burial ☐ Cremation ☐ **If Cremation,** Before Services ☐ After Services ☐

**Are Visiting Hours to be held?** Yes ☐ No ☐ **If yes,** where would you like them to be held?

At the funeral home? ☐ At my residence? ☐ At another location? ☐ *(describe)__________________________*

Open to friends and the Public? ☐ Private – For my family only? ☐ **Preferred Times:** ____ ~ ____

Casket Present? Yes ☐ No ☐ **If yes,** Open Casket? Yes ☐ No ☐

**Casket Preference** Metal ☐ Wood ☐ *(Describe)__________________________*

Urn Present? Yes ☐ No ☐ **Urn Preference** Metal ☐ Wood ☐ One from Home ☐ *(Describe)__________________________*

**Personalization** *(Military Themes, Photograph Blankets, Cap Panels, Keepsake Corners, Engraving, etc.)* __________________________

Burial Vault Preference for either Casket or Urn: __________________________

**Keepsakes** __________________________

**Prayer Card Preference** Style: _____________ Prayer: _____________
Clothing & Jewelry Preferences: __________________________________________________________

Flower requests__________________________________________________________

I would like the following Personal Items displayed at Calling Hours: __________________________________________________________

I would like: Computer / Photo Slide Show ☐ Photo Collage Boards ☐ Webcast of Services ☐

I would prefer a: Standard Hearse ☐ 1941 Military ☐ 1947 Work/Farm Truck ☐
F350 Ford Hearse ☐ Other Antique Hearse ☐ (Describe) _____________________________
Horse-drawn Hearse ☐ Other (Describe) _____________________________

I would prefer the following Pallbearers: __________________________________________________________

I would like my Funeral or Memorial Service to be conducted at:

The funeral home ☐ At my church ☐ The graveside ☐ At another location (Describe) _____________________________

Preferred Clergy __________________________________________________________

Favorite Bible Passages, Readings, Poetry, Quotations and Verses, Etc. _____________________________

Organist _____________________________ Soloist _____________________________

Favorite Hymns, or Special Song Requests ____________________________________________

Other Music Requests (Bagpipes, etc.)__________________________________________

Military Honors: Yes ☐ No ☐ Firing Squad (if available) Yes ☐ No ☐

Participating Professional / Fraternal Organizations: (Fire Department, Rotary International, etc.) _____________________________

I would like my family to have a catered reception after my Funeral or Memorial Service. Yes ☐ No ☐

Where_________________________________________ Preferred Caterer _____________________________

Meal__________________________________________________________
Do you have additional ideas or suggestions that would help make your service more meaningful? ______________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Pets have special meaning in our lives. Are there any special requests or instructions regarding the care of your pets after your death? ________________________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Please use this space for any additional notes, information or diagrams.