Memorial Planning Guide

A precious gift...

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

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.

<table>
<thead>
<tr>
<th>Personal Information needed for completion of Death Certificate and all Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>First, Middle, (Maiden) and Last Name: ____________________________________________________________________________</td>
</tr>
<tr>
<td>Current Address (street &amp; number) _______________________________________________________________________________</td>
</tr>
<tr>
<td>Town __________________________ County __________________________ State __________________</td>
</tr>
<tr>
<td>Date of Birth: ______________ Place of Birth: ______________________________________________________________________</td>
</tr>
<tr>
<td>Citizen of ______________________ Social Security #: ___________________________________________________________________</td>
</tr>
<tr>
<td>Telephone #: __________________________________________________________________________________ e-mail address: __________________________________________________________________</td>
</tr>
<tr>
<td>Primary Doctor’s Name: ____________________________________________________________________________________________</td>
</tr>
<tr>
<td>Office Location: ____________________________________________________________________________________________</td>
</tr>
<tr>
<td>Additional Doctor’s Names: _____________________________________________________________________________________</td>
</tr>
<tr>
<td>Father’s First, Middle and Last Name: ____________________________________________________________________________</td>
</tr>
<tr>
<td>Place of His Birth: ___________________________________________________________________________________________</td>
</tr>
<tr>
<td>Mother’s First, Middle and Maiden Last Name: ___________________________________________________________________</td>
</tr>
<tr>
<td>Place of Her Birth: ___________________________________________________________________________________________</td>
</tr>
<tr>
<td>Marital Status: (check one) Single / Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐</td>
</tr>
<tr>
<td>Spouse’s First, Middle and Maiden Last Name: ___________________________________________________________________</td>
</tr>
<tr>
<td>Date Married: ______________ Place Married: ______________________________________________________________________</td>
</tr>
<tr>
<td>Spouse’s Date of Death: __________________________ (if applicable) Additional Marital Information: ____________________</td>
</tr>
<tr>
<td>Education: Highest Grade of school completed: ______________________________________________________________________</td>
</tr>
<tr>
<td>High School attended: ______________________________________________________________________________ Year of Graduation: ________________</td>
</tr>
<tr>
<td>College/s attended: ___________________________________________________________________________________________</td>
</tr>
<tr>
<td>Degrees Earned: ______________________________________________________________________________________________</td>
</tr>
<tr>
<td>Graduate School/s attended: ____________________________________________________________________________________</td>
</tr>
<tr>
<td>Military Information** Branch of Service: ______________ Service Number: ____________________________________________________________________________</td>
</tr>
<tr>
<td>Rate or Rank at Discharge: _____________________________________________________________________________________</td>
</tr>
<tr>
<td>Enlistment date and place: ____________________________________________________________________________________</td>
</tr>
<tr>
<td>Discharge date and place: ______________________________________________________________________________________</td>
</tr>
<tr>
<td>Wars / Locations Served in: ____________________________________________________________________________________</td>
</tr>
</tbody>
</table>

** A photocopy of your DD214 must accompany these notes. Copy enclosed Yes ☐ No ☐
Occupation: ____________________________________________ Retirement Year: ________

Positions Held: ____________________________________________

Employer/s & Locations: ____________________________________________

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) ________________________________

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:
~ Please list all Surviving Relatives with their Town/City and State of Residence ~

Father: of ___________________________  Mother: of ___________________________
Step-Father: of ______________________  Step-Mother: of _______________________
Spouse: of _____ years, ___________________________ of ________________________

Daughters: ____________________________________________________________
                        of
                        of
                        of
                        of
                        of
                        of
                        of
                        of

Sons: _______________________________________________________________
                        of
                        of
                        of
                        of
                        of
                        of
                        of
                        of

Sisters: ______________________________________________________________
                        of
                        of
                        of
                        of
                        of
                        of
                        of
                        of

Brothers: _____________________________________________________________
                        of
                        of
                        of
                        of
                        of
                        of
                        of
                        of

# of Grandchildren ______  # of Great Grandchildren ______  # of Great-Great Grandchildren ______
# of Step-Grandchildren _____  # of Step-Great Grandchildren ________  Nieces/Nephews/Cousins Y / N
Additional Family History: (pre-deceased by, former spouses, etc.)

I would like Memorial Donations to go to:

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

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

- www.cournoyerfh.com
- Union Leader
- Nashua Telegraph
- Worcester Telegram
- Keene Sentinel
- Gardner News
- Fitchburg Sentinel
- Lowell Sun
- Monadnock Ledger-Transcript
- Milford Cabinet
- Concord Monitor
- Boston Globe

Other Newspapers

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)________________________

Urns Present? Yes ☐ No ☐ Urn Preference Metal ☐ Wood ☐ One from Home ☐

(Urn Preference) _______________________

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)  
- Other ☐ (Describe) 

I would prefer the following Pallbearers:

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

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.