

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.*

Cournoyer

Funeral Home, Inc. & Cremation Center

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.

Personal Information

Your First, Middle and Maiden Last Name: _____

Current Address (*street & number*) _____

Town _____ County _____ State _____

Date of Birth: _____ Place of Birth: _____

Citizen of _____ Social Security # _____

Telephone # _____ e-mail address: _____

Mother's First, Middle and Maiden Last Name: _____

Place of Her Birth: _____

Father's First, Middle and Last Name: _____

Place of His Birth: _____

Marital Status: (*check one*) Single / Never Married Married Separated Divorced Widowed

Spouse's First, Middle and Maiden Last Name: _____

Date Married: _____ Place Married: _____

Spouse's Date of Death: _____ (*if applicable*) Additional Marital Information: _____

Primary Doctor's Name: _____

Office Location: _____

Additional Doctor's Names: _____

Personal History for an Obituary

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

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**

Occupation: _____ Retirement Year: _____

Positions Held: _____

Employer/s & Locations: _____

Clubs, Lodges, Memberships, Church & Public Office held: _____

Hobbies / Interests: _____

Other Information: (*Predeceased by, etc.*) _____

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

Father: of _____ **Mother:** of _____

Spouse: of _____ years, _____ of _____

Daughters: _____ of _____

_____ of _____

_____ of _____

_____ of _____

Sons: _____ of _____

_____ of _____

_____ of _____

_____ of _____

Brothers: _____ of _____

_____ of _____

_____ of _____

_____ of _____

Sisters: _____ 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: _____

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:

Union Leader	<input type="checkbox"/>	Keene Sentinel	<input type="checkbox"/>	Monadnock Ledger-Transcript	<input type="checkbox"/>
www.cournoyerfh.com	<input type="checkbox"/>	Gardner News	<input type="checkbox"/>	Athol Daily News	<input type="checkbox"/>
Worcester Telegram	<input type="checkbox"/>	Fitchburg Sentinel	<input type="checkbox"/>	Milford Cabinet	<input type="checkbox"/>
Nashua Telegraph	<input type="checkbox"/>	Concord Monitor	<input type="checkbox"/>	Fosters Daily Democrat	<input type="checkbox"/>
Laconia Citizen	<input type="checkbox"/>	Portsmouth Herald	<input type="checkbox"/>	Lawrence Eagle-Tribune	<input type="checkbox"/>
Boston Globe	<input type="checkbox"/>	Other Newspapers	_____		

Personal Wishes and Information for Funeral Arrangements

*Your funeral remembrance should reflect your exact personal wishes
and allow friends and loved ones to express their love with a ceremony fitting to you.*

Person to be in charge of my funeral arrangements: Name: _____

Address _____

Telephone #'s (home) _____ (work) _____ (cell) _____

I prefer Burial

I prefer Cremation

Are Calling Hours to be held? Yes No If yes, where are the Calling Hours to be held?

At the funeral home At my residence At another location (Describe) _____

Open to the Public Private Calling Hours for my family only Preferred Times: _____ ~ _____

Casket Present? Yes No If yes, Open Casket? Yes No Urn Present? Yes No

Casket Preference Metal Wood (Describe) _____

Personalization (Cap Panel, Keepsake Corners, Engraving, etc.) _____

Vault Preference _____ Urn Preference _____

Keepsakes _____

Clothing & Jewelry Preferences: _____

Flower requests _____

Prayer Card Preference Style: _____ Prayer: _____

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

I would prefer the following Pallbearers: _____

I would prefer a: Standard Hearse Tombstone Motorcycle Hearse Military Hearse
 Horse-drawn Hearse Other (Describe) _____

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

The funeral home The graveside At my church 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 Bugler Yes No Flag Presentation Yes No Firing Squad Yes No

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

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, 2008*) or year only? (*2008*)

Additional Cemetery Information: _____

If a cemetery setting is not desired after Cremation, please describe your preferences for what should happen to your cremated remains: _____

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

Where _____ Preferred Caterer _____

Meal _____

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

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

Additional Notes, Information, or Instructions

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

Cournoyer Funeral Home, Inc. & Cremation Center

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