

BURIAL INFORMATION FORM

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

IMMEDIATE FAMILY (Name, Address, Phone #, Relationship):

Persons to be notified at time of death in addition to above
(executor, attorney, etc.)

Who of the above will be responsible for your affairs?

Preference for Burial (cremation, full burial, other specific instructions):

Preference for Funeral Service:

Designation for Memorial Gifts:

Other Information: