PERSONAL HISTORY

VITAL STATISTICS

This portfolio is designed to guide you and those close to you through the funeral planning process. By recording vital information and personal preferences now, you will know you have eased the burden for your loved ones.

My Planning Guide is a valuable record. It offers guidance your survivors will need. If you have questions regarding any aspect of funeral planning, ask your funeral planning professional.

TIGHTO:			
Name:First Address:		Maiden Name	Last
Address.			
Sex: Male Female Home Phone:_	County	State Other Phone:	ZIP
Social Security Number:		Race:	
Place of Birth:	County	State	Country
Date of Birth:	County	Age:	Country
In city since: Moved from:			
Marital Status: Married Place:	Date:	■ Never married	☐ Widowed ☐ Divorced
Name of Spouse/Partner: (Maiden name, if a	pplicable)		
Father's Name:	ther's Name: Father's Place of Birth:		rth:
Mother's Maiden: First Middle Last Mother's Place of Birth:		rth:	
Usual Occupation:		of Business/Industry:	
Employer:		Years in Occ	cupation
Education (highest grade completed): Elem	nentary/Seconda	ary Co	lege(1-4 or 5+)
School(s) attended/Degree(s) earned:		1	
Church, Lodges, Memberships:			and the second s
Church, Lodges, Memberships:			
Church, Lodges, Memberships: Hobbies:			
Hobbies:			
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Hobbies: ARMED FORCES Branch of Service:	Serv	vice Number:	
Hobbies:	Serv	vice Number: ce of Entry: Da	ite:
Hobbies:	Serv	vice Number: ce of Entry: Da	ate:
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