

# FUNERAL RECORD

The purpose of this form is to provide a written record of your final wishes, so that your family and your Funeral Director will have this information available upon your death. Keep the bottom copy with your records, and return the original copy to Aspen Mortuaries. A permanent I.D. card will be issued stating that this information is on file at the Funeral Home, and available for the purpose of arranging your Funeral/Cremation, 24 hours a day, 7 days per week.

**Vital statistics** (All information to be held strictly confidential)

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_

Occupation (most of adult life) \_\_\_\_\_

Type of Business or Industry \_\_\_\_\_

Education - Years completed \_\_\_\_\_ Marital status \_\_\_\_\_ Spouse (First & Maiden) \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name (First and maiden) \_\_\_\_\_

Veteran's serial number \_\_\_\_\_ Rank \_\_\_\_\_

Name of any war \_\_\_\_\_

Copy of Discharge Papers (Return copy to funeral home) Sent  Not available

## Upon death notify

Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## My preferences for the service:

Type of service \_\_\_\_\_ Place of service \_\_\_\_\_

Clergyman or Officiant: \_\_\_\_\_

Lodge, society or fraternal organization \_\_\_\_\_

Music \_\_\_\_\_

## Cemetery instructions: Following are my wishes regarding the final disposition of my remains.

Name of cemetery \_\_\_\_\_ Location \_\_\_\_\_

Property, crypt, or niche owned? \_\_\_\_\_ If yes, specific location \_\_\_\_\_

Final disposition:  Earth burial  Mausoleum entombment  Cremation  Other (please specify)

\_\_\_\_\_

Headstone \_\_\_\_\_ Type \_\_\_\_\_ Inscription \_\_\_\_\_

\_\_\_\_\_

Special requests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_