

*A Personal  
Memorial Guide  
for My Family  
and Loved Ones*

For \_\_\_\_\_

# Historical Record

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Tele. No. \_\_\_\_\_ Education \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 Birthplace: City \_\_\_\_\_ County \_\_\_\_\_  
 Occupation (Previous if retired) \_\_\_\_\_  
 Employer (Or retired from) \_\_\_\_\_  
 Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
 Spouse Name \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_  
 In State Since 19 \_\_\_\_\_ In City Since 19 \_\_\_\_\_  
 Moved From \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 Date if deceased \_\_\_\_\_ Birthplace \_\_\_\_\_ (State) \_\_\_\_\_  
 Name of Mother (Maiden) \_\_\_\_\_  
 Date if deceased \_\_\_\_\_ Birthplace \_\_\_\_\_ (State) \_\_\_\_\_

Name of War \_\_\_\_\_ Service Number \_\_\_\_\_  
 Branch of Service \_\_\_\_\_  
 Place Inducted \_\_\_\_\_ Date \_\_\_\_\_  
 Place Discharged \_\_\_\_\_ Date \_\_\_\_\_  
 Rank/Rate when discharged \_\_\_\_\_  
 Discharge Papers Located \_\_\_\_\_  
 Flag Yes  No

# Personal Wishes and Desires

This is information families never discuss - especially with their children. But yet, if something had happened to you last night, these are the questions your funeral director would be asking your family today.

Would you have had your service:  
 At the funeral home  the church  other

What is the name of your church? \_\_\_\_\_  
 Who's your favorite minister, priest or pastor? \_\_\_\_\_  
 Many people have a favorite song or hymn. What's yours? \_\_\_\_\_  
 \_\_\_\_\_  
 Are there any readings or scriptures that are special to you? \_\_\_\_\_  
 \_\_\_\_\_  
 Some families prefer a memorial donation instead of flowers.  
 What is your feeling?  
 Memorial Donation  Flowers  Both

What clothing would you prefer? \_\_\_\_\_  
 \_\_\_\_\_  
 Would you like to wear jewelry? Yes  No   
 To be removed? Yes  No   
 Would you like to wear your eyeglasses? Yes  No   
 Do you have cemetery property? Yes  No

(Name and Location of Cemetery) \_\_\_\_\_ Lot # \_\_\_\_\_ Space # \_\_\_\_\_  
 Who would you prefer to serve as pallbearers? \_\_\_\_\_  
 Clubs / Organizations / Awards \_\_\_\_\_  
 Name \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Veteran Information

# Names of Children

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_

# Brothers & Sisters

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

# Friends/Neighbors

This is where we list your closest friends in the event your family needs help at the time of need by:

- Notifying friends
- Running errands
- Watching your home
- Helping out-of-town guests

1. \_\_\_\_\_ Grandchildren \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_ Great-Grandchildren \_\_\_\_\_

For the purposes of relieving my family in the event of need, the preceding arrangements are my personal wishes and desires.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Counselor's Signature \_\_\_\_\_

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