



☐ **East Sacramento**
4300 Folsom Blvd.
Sacramento, CA 95819
Lic. #FD-2340
916.732.2000

☐ **Greenback & I-80**
5757 Greenback Lane
Sacramento, CA 95841
Lic. #FD-1242
916.732.2020

☐ **Elk Grove**
9189 E. Stockton Blvd.
Elk Grove, CA 95624
Lic. #FD-1455
916.732.2031

☐ **South Sacramento**
3939 Fruitridge Road
Sacramento, CA 95820
Lic. #FD-136
916.732.2026

PERSONAL MEMORIAL GUIDE

PREPARED FOR: _____

TELEPHONE NUMBER: _____

COUNSELOR NAME: _____

OTHER FAMILY MEMBERS:

Name, Relationship Phone Address

Name, Relationship Phone Address

Name, Relationship Phone Address

Name, Relationship Phone Address

FUNERAL SERVICE REQUESTS:

NAME OF MORTUARY: _____

TYPE OF SERVICE: ☐ Traditional ☐ Grave/Crypt side ☐ Visitation Only ☐ Direct Burial/Cremation

PLACE OF SERVICE: ☐ None ☐ Church ☐ Grave/Crypt side ☐ Mortuary

VISITATION: ☐ None ☐ Private ☐ Public CASKET TO BE: ☐ Open ☐ Closed

LODGES & ORGANIZATIONS: _____

CHURCH AFFILIATION: _____

CLERGY NAME: *(preferred, otherwise mortuary to obtain)* _____

INTERMENT REQUESTS

I PREFER: ☐ Earth Burial ☐ Mausoleum ☐ Cremation (If choosing cremation,

please select type of disposition (i.e. columbarium, urn garden) _____

NAME OF PREFERRED CEMETERY: _____

I HAVE PURCHASED CEMETERY PROPERTY: ☐ YES ☐ NO

DESCRIPTION: _____

SPECIAL INSTRUCTIONS:

FLOWER PREFERENCE: (indicate description and color preference) _____

MUSIC PREFERENCE: (name of artist or song) _____

CASKET BEARERS: (to select from) _____

JEWELRY: (preference) _____ ☐ Leave on ☐ Return to Family

GLASSES (if any) ☐ To be Worn ☐ To be Displayed

CLOTHING: (preference) _____

OBITUARY NOTICE: (name of paper/s) _____

VITAL STATISTICS AND HISTORICAL RECORDS:

Information to complete death certificate at time of need.

FULL NAME: _____
First Middle Last

ADDRESS: _____
Street City State Zip Code

RACE: _____ DOB: _____ BIRTHPLACE: _____

SSN: _____ IN CITY SINCE: _____ STATE SINCE: _____ COUNTRY SINCE: _____

CITIZEN OF WHAT COUNTRY _____ NATURALIZATION NUMBER: _____

EMPLOYED BY (OR RETIRED FROM): _____

KIND OF INDUSTRY: _____

JOB TITLE: _____ YEARS AT TITLE: _____

NUMBER OF HIGHEST GRADE COMPLETED (1-12 or College 13-17): _____

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED

SPOUSE OF: _____

FULL NAME OF FATHER: _____

FATHER'S BIRTHPLACE: _____

FULL NAME OF MOTHER (Maiden): _____

MOTHER'S BIRTHPLACE: _____

MILITARY RECORD

NAME OF WAR: _____ BRANCH OF SERVICE: _____

DATE AND PLACE OF INDUCTION: _____

DATE AND PLACE OF DISCHARGE: _____

SERIAL NUMBER: _____ RANK AT DISCHARGE: _____

LOCATION OF DISCHARGE PAPERS (DD-214 or retirement certificate): _____

PERSON(S) IN CHARGE:

Name, Relationship

Phone

Address

Name, Relationship

Phone

Address

Name, Relationship

Phone

Address

FINANCIAL AND LEGAL INFORMATION

I HAVE PREPARED A WILL: ☐ YES ☐ NO

IT IS LOCATED AT: _____

EXECUTOR NAME OR PERSON(S) HAVING POWER OF ATTORNEY: _____

ADDITIONAL INSURANCE POLICIES: _____

FUNDING INFORMATION

I HAVE A FUNERAL FUNDING PROGRAM: ☐ YES ☐ NO

DESCRIPTION OF FUNDING PROGRAM: _____

FUNERAL PLAN NUMBER: _____ AMOUNT: _____

SIGNATURE: _____ DATE: _____

If Personal Memorial Guide is being prepared for a loved one, please complete the following:

ADDRESS: _____

PHONE: _____