

Preparing for Life after Life

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place \_\_\_\_\_ Came to U.S. \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name (Maiden) \_\_\_\_\_

Raised & Educated \_\_\_\_\_

Years of Education & Degrees Earned \_\_\_\_\_

Married \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ City, State \_\_\_\_\_

Spouse Living \_\_\_\_\_ Deceased \_\_\_\_\_ Divorced \_\_\_\_\_

Married \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ City, State \_\_\_\_\_

Spouse Living \_\_\_\_\_ Deceased \_\_\_\_\_ Divorced \_\_\_\_\_

Employment History \_\_\_\_\_ Title \_\_\_\_\_ Length \_\_\_\_\_

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Places of Residence \_\_\_\_\_ Length \_\_\_\_\_

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Any Special Awards received \_\_\_\_\_

Misc. \_\_\_\_\_

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Member of \_\_\_\_\_ Church, City \_\_\_\_\_

Spouse (including maiden name) \_\_\_\_\_

Sons: (Daughter-in-Law), and their city and state

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

(indicate which are deceased with + before name)

Daughters: (Son-in-Law), and their city and state

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

(indicate which are deceased with + before name)

Grandchildren:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Number of Great Grandchildren \_\_\_\_\_ Great Great \_\_\_\_\_

Grandparents:

1. \_\_\_\_\_

2. \_\_\_\_\_

Brothers: (Sister-in-Law) Place of residence

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- (indicate which are deceased with + before name)

Sisters: (Brother-in-Law) Place of residence

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- (indicate which are deceased with + before name)

Special Friend(s):

1. \_\_\_\_\_
2. \_\_\_\_\_

### My Funeral Arrangements

Name of Funeral Home \_\_\_\_\_ City \_\_\_\_\_

Viewing of body \_\_\_\_\_ Cremation \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_

Cemetery \_\_\_\_\_ Address \_\_\_\_\_

Parish Vigil Service Led By \_\_\_\_\_

Rosary Led by (Optional) \_\_\_\_\_

Sharing Time following Vigil/Rosary \_\_\_\_\_

Honorary Casket Bearers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Casket Bearers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Celebrant \_\_\_\_\_ Homilist \_\_\_\_\_

Con-Celebrants \_\_\_\_\_

Eucharistic Ministers \_\_\_\_\_

Musician(s) \_\_\_\_\_

Songs \_\_\_\_\_  
\_\_\_\_\_

Reader(s) \_\_\_\_\_

Mass Servers (3) \_\_\_\_\_

Tribute Time at end of Mass \_\_\_\_\_

Readings: Old Testament \_\_\_\_\_

New Testament \_\_\_\_\_

Gospel \_\_\_\_\_

Special Instructions (attach a separate page with further instructions):

I have a Last Will and Testament \_\_\_\_\_ Living Will \_\_\_\_\_

I have chosen \_\_\_\_\_ as my Durable Power of Attorney for Health Care

My Doctor's name and phone number is \_\_\_\_\_

Social Security Number \_\_\_\_\_

In the event of my death, in addition to notifying my family, relatives and friends, please notify the following:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I want to be an organ donor at the time of my death: \_\_\_\_\_ Yes \_\_\_\_\_ No

At my Funeral, please convey this message from me to my relatives and friends:

- ( ) Thank you to all those who have loved me and have been kind to me in so many ways.
- ( ) I forgive those who may have injured me in any way by word or deed. And I ask forgiveness of those whom I may have hurt by my words or my actions.
- ( ) When I am gone, I will pray so that some day we can all be re-united in Heaven for all eternity

**Memorials:**

In lieu of flowers, I prefer that memorials be sent to one or more of these charities:

- ( ) American Cancer Society of State of \_\_\_\_\_
- ( ) American Diabetes Association of State of \_\_\_\_\_
- ( ) Church of \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- ( ) Help with Family Funeral Expenses \_\_\_\_\_
- ( ) Kidney Dialysis of State of \_\_\_\_\_
- ( ) Local Ambulance Service \_\_\_\_\_
- ( ) Masses for Repose of the Soul of \_\_\_\_\_
- ( ) St. Jude Children's Hospital, Memphis, Tennessee
- ( ) Other \_\_\_\_\_

**My Further Instructions Are:**

This form was completed by \_\_\_\_\_

Date when form was completed \_\_\_\_\_

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