

## VITAL STATISTICS

Name: \_\_\_\_\_  
First Middle Maiden Name Last

Address: \_\_\_\_\_

City County State ZIP

Sex: ☐ Male ☐ Female Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City County State Country

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

In city since: \_\_\_\_\_ Moved from: \_\_\_\_\_ Year: \_\_\_\_\_

Marital Status: ☐ Married Place: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ Never married ☐ Widowed ☐ Divorced

Name of Spouse/Partner (Maiden name, if applicable): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Place of Birth: \_\_\_\_\_  
First Middle Last

Mother's Maiden: \_\_\_\_\_ Mother's Place of Birth: \_\_\_\_\_  
First Middle Last

Usual Occupation: \_\_\_\_\_ Type of Business/Industry: \_\_\_\_\_

Employer: \_\_\_\_\_ Years in Occupation: \_\_\_\_\_

Education (highest grade completed): Elementary/Secondary \_\_\_\_\_ College \_\_\_\_\_  
(0-12) (1-4 or 5+)

School(s) attended/Degree(s) earned: \_\_\_\_\_

Church, Lodges, Memberships: \_\_\_\_\_

Hobbies: \_\_\_\_\_

## ARMED FORCES

Branch of Service: \_\_\_\_\_ Service Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Place of Entry: \_\_\_\_\_

Type of Separation or Discharge of Service: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Discharge: \_\_\_\_\_

Location of Military Discharge Papers (DD214): \_\_\_\_\_

Highest Grade, Rank, or Rating Received: \_\_\_\_\_

Wars/Conflicts Served: \_\_\_\_\_

Additional Information/Medals/Honors/Citations: \_\_\_\_\_

## CHILDREN, RELATIVES, FRIENDS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Preceded in death by: \_\_\_\_\_

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

## PERSONAL MEMORIAL INSTRUCTIONS

Funeral Home: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Officiant: \_\_\_\_\_ Phone: \_\_\_\_\_

Disposition Preference: ☐ Burial ☐ Mausoleum ☐ Entombment ☐ Cremation

Memorial service to be held at: ☐ Funeral Home ☐ Church ☐ Graveside ☐ Other: \_\_\_\_\_

Visitation/Friends calling: ☐ Yes ☐ No Casket: ☐ Opened ☐ Closed

Participating fraternal, military, or service organization: \_\_\_\_\_

Obituary: ☐ Yes ☐ No ☐ Photo Newspaper(s): \_\_\_\_\_

Pallbearers: \_\_\_\_\_

Flowers (describe): \_\_\_\_\_

Favorite religious passages, quotations, poems: \_\_\_\_\_

Favorite musical selections: \_\_\_\_\_

Specific requests to be performed at service: \_\_\_\_\_

Contributions (Name of charity): \_\_\_\_\_

Flag (If veteran): ☐ Folded ☐ Draped Given to: \_\_\_\_\_

Specific clothing (describe): \_\_\_\_\_

Glasses to be worn: ☐ Yes ☐ No After viewing, removed and given to: \_\_\_\_\_

Jewelry to be worn: ☐ Yes ☐ No After viewing, removed and given to: \_\_\_\_\_

Specific jewelry (describe): \_\_\_\_\_



## CEMETERY INSTRUCTIONS

Cemetery property owned: ☐ Yes ☐ No Cemetery: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Location: Section/Garden: \_\_\_\_\_ Lot: \_\_\_\_\_ Space: \_\_\_\_\_ Marker owned: ☐ Yes ☐ No  
Cremation memorialization: ☐ Niche ☐ Burial ☐ Other: \_\_\_\_\_  
Additional instructions: \_\_\_\_\_

The preceding information represents my personal wishes for the purposes of assisting my family in making funeral and cemetery arrangements at the time of my death. I understand that a contract between the funeral home and me in which the funeral home agrees to provide specific services and merchandise which I may pre-select, and for which I may pre-pay, may be available to me, but I wish to clearly advise my family that this form does not constitute such a contract. As of this date, I would prefer that my family work with (Funeral Home) \_\_\_\_\_, and honor the requests set above.

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

## LOCAL EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## IMPORTANT INFORMATION FOR YOUR FAMILY'S USE

Do you have a will or living trust? ☐ Yes ☐ No Attorney who wrote document: \_\_\_\_\_  
Executor of Estate: \_\_\_\_\_  
Do you have a living will? ☐ Yes ☐ No Location: \_\_\_\_\_  
Important papers are located at: \_\_\_\_\_

## FINAL THOUGHTS

We hope you have found this planning guide helpful. By completing it, your service will be **more thoughtful** because loved ones will not have to face questions or decisions which might be painful at the time of your death. Your service will be **more memorable** because you will have chosen favorite songs and guiding thoughts, which your loved ones may find soothing. And—if you have filed a copy with us where it is immediately available—your service will be **less stressful** because family members can spend time supporting one another rather than searching for important documents.

### **Cronrath-Grenoble Funeral Home, Inc.**

106 S. 2nd St., Lewisburg, PA 17837, (570) 524-5031, Nathan E. Grenoble-Supervisor  
308 Main St., Watsonstown, PA 17777, (570) 538-5551, Rebekah E. Golla-Supervisor

### **Grenoble Funeral Home, Inc.**

121 S. Main St., Muncy, PA 17756, (570) 546-8101, Michael P. Krehel-Supervisor

