

VITAL STATISICAL AND BIOGRAPHICAL RECORD

Full Name _____
Address _____
City and State _____ Phone _____
Marital Status _____ Spouse _____ Marriage Date and Place _____
Birthplace _____ Birthdate _____
Father's Name _____ Mother's Maiden Name _____
Father's Birth Place _____ Mother's Birth Place _____
Length of Residence Here _____ Coming From _____
Usual Occupation _____ Employer _____
Social Security Number _____ Veteran _____
Religion _____ Church _____ Education _____
Employment History _____

Clubs, Organizations, Hobbies, Interests, etc. _____

Immediate Family

<u>Relationship:</u>	<u>Name:</u>	<u>Residence:</u>

**CREMATION SOCIETY OF
VERMONT**

P.O. Box 957
213 West Main Street
Bennington, Vermont 05201

Toll Free
1-802-442-9585

Instructions for

Date

Instructions

The following information is for guidance at the time of my death. It is intended to assist those handling my personal affairs. I have expressed my preferences on certain subjects which, unless changed by unexpected circumstances, I hereby desire and request.

1. I wish my services to be held at _____

2. I would prefer as clergyman _____

3. I request the following music _____

4. I would like the following calling hours _____

5. I would prefer memorial gifts _____

6. I have viewed caskets and prefer _____

7. I have viewed vaults/urns and prefer _____

8. Clothing preferred _____

9. I desire my expenses to total approximately _____

10. Costs to be funded by _____

11. I prefer: Burial _____ Entombment _____ Cremation _____

12. Cemetery _____

13. Special instructions: _____

14. Person in charge of my arrangements _____

Witnesses: _____

Signed: _____

Print Name: _____

Date Signed: _____