



Yesterday. Today. Forever.

PERSONAL GUIDE FOR FINAL ARRANGEMENTS

HISTORICAL RECORD / PERSONAL INFORMATION

Name: _____ Phone: _____
first middle last

Street Address: _____ City/State/Zip: _____

County of Residence: _____ Date of Birth: _____

City/State of Birth: _____ County of Birth: _____

Marital Status: _____ Education: _____
single / married / widowed / divorced highest level completed

Primary/Usual Occupation: _____

Name of Father: _____
first middle last

Birthplace (City/State): _____ Date if Deceased: _____

Name of Mother (Maiden): _____
first middle last (maiden)

Birthplace (City/State): _____ Date if Deceased: _____

Spouse Name: _____ Maiden Name: _____
first middle last

Date of Marriage: _____ City/State of Marriage: _____

County of Marriage: _____ Date of Birth: _____

City/State of Birth: _____ County of Birth: _____

VETERAN INFORMATION

Name of War: _____ Service No.: _____

Branch of Service: _____

Place Inducted: _____ Date: _____

Place Discharged: _____ Date: _____

Rank/Rate When Discharged: _____

Discharge Papers Located: YES / NO (please circle one) Flag to Drape Casket: YES / NO (please circle one)



PERSONAL WISHES & DESIRES

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

Have you already made arrangements with a funeral home? YES / NO (please circle one)

Name of funeral home: ☐ Bellefontaine Cemetery* ☐ other _____

Would you like to have your service at: ☐ the funeral home ☐ the church ☐ other _____

Who is your favorite minister, priest or rabbi? _____

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 to _____ ☐ Flowers ☐ Both

Many people have a favorite song or hymn. What is yours? _____

What is your preferred final disposition? ☐ Conventional Burial ☐ Green Burial ☐ Flameless Cremation ☐ Cremation

What clothing would you prefer? _____

Would you like to wear jewelry? YES / NO If yes, to be removed? YES / NO

Would you like to wear your eyeglasses? YES / NO If yes, to be removed? YES / NO

Other wishes/desires not otherwise listed: _____

Do you have cemetery property? YES / NO

**Bellefontaine Cemetery
and Arboretum**

4947 W. Florissant Avenue St. Louis,
Missouri 63115 Phone: (314) 381-0750
Fax: (314) 381-0751
www.bellefontainecemetery.org

Section: _____ Block #: _____

Lot #: _____ Space #: _____

Relationship to Lot Owner: _____

*Bellefontaine Cemetery Association is a licensed funeral home providing green burial, flameless cremation, and traditional cremation services. Bellefontaine Cemetery does not offer embalming services.



Most families prefer to have friends, neighbors, or relatives serve as active or honorary pallbearers. Who would you prefer?

	Active	Honorary	
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____

NAMES OF CHILDREN

Name: _____ first middle last	Phone: _____
Street Address: _____	City/State/Zip: _____
Name: _____ first middle last	Phone: _____
Street Address: _____	City/State/Zip: _____
Name: _____ first middle last	Phone: _____
Street Address: _____	City/State/Zip: _____
Name: _____ first middle last	Phone: _____
Street Address: _____	City/State/Zip: _____
Name: _____ first middle last	Phone: _____
Street Address: _____	City/State/Zip: _____



BROTHERS & SISTERS

Name: _____ Relationship: _____
first middle last

Street Address: _____ City/State/Zip: _____

Name: _____ Relationship: _____
first middle last

Street Address: _____ City/State/Zip: _____

Name: _____ Relationship: _____
first middle last

Street Address: _____ City/State/Zip: _____

Name: _____ Relationship: _____
first middle last

Street Address: _____ City/State/Zip: _____

Name: _____ Relationship: _____
first middle last

Street Address: _____ City/State/Zip: _____

Name: _____ Relationship: _____
first middle last

Street Address: _____ City/State/Zip: _____

GOOD SAMARITANS

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

- Notifying friends
- Handling sympathetic phone calls
- Running errands
- Helping out-of-town guests

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

**FOR THE PURPOSES OF RELIEVING MY FAMILY IN THE EVENT OF NEED, THE
PRECEEDING ARRANGEMENTS ARE MY PERSONAL WISHES AND DESIRES.**

Signature

Date

Counselor's Signature

Phone Number

