

*John E. Beckwith*  
**GG**OLDEN  
ATE  
FUNERAL HOME

*Gift of Love*

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**MEMORIAL GUIDE**

*::Helping you help your Family::*

# Historical Record

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Name (First, Middle, Last):

Address:

City:

State:

Zip Code:

Telephone #:

Education Level (required by state):

Birth Date:

Age:

Social Security Number:

Birth Place (City & State):

Occupation (Previous if retired):

Employer (or retired from):

Spouse Name (Include maiden):

Date of Marriage:

Place of Marriage:

Name of Father:

Birthplace (City & State):

Name of Mother:

Birthplace (City & State):

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## Veteran Information

Are you a Veteran?

Yes

No

Service Number:

Branch of Service:

Rank at Discharge:

Enlistment (Date & place):

Discharge (Date & place):

# Family Information

Relation	Name	Address	Phone#

## Preceded in Death By

Relation		Name	

## Honorary Pallbearers

Most families prefer to have friends, neighbors, or relatives serve as active Pallbearers. Who would you prefer to act as honorary pallbearers? (Those who physically cannot meet the responsibilities of an active pallbearer.)

Name	Phone Number	Name	Phone Number

# Funeral Service Instructions & Information

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This is information families usually don't 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.

Would you prefer your service:

Golden Gate                      The Church                      Other

What is the name of your church?

Do you have a favorite minister, priest, bishop or rabbi?

Final Disposition:

Burial                              Entombment                      Other

Do you have cemetery property?

Yes                                      No

Name of location of cemetery:

Lot#:                                      Space#:

Are there any readings or scriptures that are special to you?

Is there a favorite song or hymn you prefer?

What clothing do you prefer:

From your current wardrobe                                      New

## **AS A VETERAN YOU ARE ENTITLED TO A FLAG**

Would you like the flag folded & presented to your family?	Yes	No
Would you want your flag to drape the casket?	Yes	No
Would you like to wear jewelry?	Yes	No
Would you like it removed before burial?	Yes	No
Would you like to wear your eyeglasses?	Yes	No
Would you want the casket open during the visitation?	Yes	No
Would you want the casket open during the service?	Yes	No

# Newspaper Notice

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Your name as it would appear in the newspaper:

Which newspapers would you like to be notified?

Groups & Organizations you are affiliated with (for obituary):

Some families prefer a memorial donation instead of flowers. What is your feeling?

Memorial Donation

Flowers

Both

Who would you like donations to be made to?

Please Submit your form, we will contact you shortly