



HERE'S THE PLAN.

YOUR FAMILY'S GUIDE TO YOUR LAST WISHES

The records & requests of

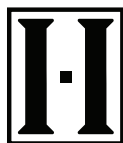
Spouse 1 _____

Spouse 2 _____

Address _____

Date _____

Compliments Of



INVESTORS HERITAGE™

200 Capital Avenue PO Box 717
Frankfort, KY 40601

Phone: 800-422-2011 Fax: 502-875-7084 Email: ihlic@ihlic.com
www.InvestorsHeritage.com

Life Record

Spouse 1

Name _____
First Middle Last

Address _____
Street City State Zip

Home Phone _____ Mobile Phone _____

Email _____

Social Security Number _____ Date of Birth _____
Month Day Year

Birthplace _____
City State Country

Marital Status ☐ Married _____ ☐ Single ☐ Widowed ☐ Divorced
Month Day Year

Previous Spouse(s) _____

Children From Previous Marriage(s) _____

Employer Name _____ ☐ Retired

Education (completed) ☐ Elementary ☐ Secondary ☐ College

Degree(s) _____

Father's Name _____ Date of Birth _____
First Middle Last Month Day Year

Birthplace _____ ☐ Deceased Date of Death _____
City State Country Month Day Year

Mother's Name _____ Date of Birth _____
First Middle Maiden Name Month Day Year

Birthplace _____ ☐ Deceased Date of Death _____
City State Country Month Day Year

Military Service _____
Branch Rank Serial Number

Enlistment Date _____ Wars/Conflicts Served _____
Month Day Year

Discharged of Service Type _____ Date _____
Month Day Year

Medals, Honors, Citations _____

Clubs, Lodges, Civic activities _____

Previous Residence _____
Month Year

Life Record

Spouse 2

Name _____
First Middle Last

Address _____
Street City State Zip

Home Phone _____ Mobile Phone _____

Email _____

Social Security Number _____ Date of Birth _____
Month Day Year

Birthplace _____
City State Country

Marital Status ☐ Married _____ ☐ Single ☐ Widowed ☐ Divorced
Month Day Year

Previous Spouse(s) _____

Children From Previous Marriage(s) _____

Employer Name _____ ☐ Retired

Education (completed) ☐ Elementary ☐ Secondary ☐ College

Degree(s) _____

Father's Name _____ Date of Birth _____
First Middle Last Month Day Year

Birthplace _____ ☐ Deceased Date of Death _____
City State Country Month Day Year

Mother's Name _____ Date of Birth _____
First Middle Maiden Name Month Day Year

Birthplace _____ ☐ Deceased Date of Death _____
City State Country Month Day Year

Military Service _____
Branch Rank Serial Number

Enlistment Date _____ Wars/Conflicts Served _____
Month Day Year

Discharged of Service Type _____ Date _____
Month Day Year

Medals, Honors, Citations _____

Clubs, Lodges, Civic activities _____

Previous Residence _____
Month Year

Memorial Preferences

Spouse 1

In calm recognition of the inevitable, I have given somber thought and you will find the following arrangements are in accordance with my wishes:

Detailed funeral arrangements on file with _____
Funeral Home Name

MEMORIAL SERVICE

Cemetery Preference _____

Type of Burial ☐ Ground Burial ☐ Entombment ☐ Cremation

Location or Description of Memorial Estate _____

Funeral Preference

Memorial Service ☐ Private ☐ Public

Religious Denomination _____

Church _____ Clergyman _____

Church Address _____
Street City State Zip

MUSIC AND READING

Reader _____ Soloist _____

Selections of Music _____

Bible Passages _____

Any Special Requests _____

NOTICES

Local Newspapers _____

Hometown Newspapers _____

Special Groups or Lodges _____

Memorial Preferences

Spouse 2

In calm recognition of the inevitable, I have given somber thought and you will find the following arrangements are in accordance with my wishes:

Detailed funeral arrangements on file with _____
Funeral Home Name

MEMORIAL SERVICE

Cemetery Preference _____

Type of Burial ☐ Ground Burial ☐ Entombment ☐ Cremation

Location or Description of Memorial Estate _____

Funeral Preference

Memorial Service ☐ Private ☐ Public

Religious Denomination _____

Church _____ Clergyman _____

Church Address _____
Street City State Zip

MUSIC AND READING

Reader _____ Soloist _____

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