

# Memorial Record and Planning Guide

## VITAL STATISTICS

*(This is a permanent document; please type or print clearly in ink. Use additional sheets as necessary.)*

Full Name \_\_\_\_\_  
FIRST MIDDLE LAST

Home Address \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY COUNTY STATE ZIP

Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Sex  Male  Female  
DAY/MONTH/YEAR

Birthplace \_\_\_\_\_  
CITY OR TOWN STATE COUNTRY

Marital Status  Married \_\_\_\_\_  Never married  Widowed  Divorced  
YEAR

Name of Spouse/Partner \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN NAME (IF APPROPRIATE)

Are You a Citizen of the U.S.A.?  Yes  No If not, which country? \_\_\_\_\_

Number of Years in U.S.A. \_\_\_\_\_ Number of Years in Metro Washington Area \_\_\_\_\_

Father's Name \_\_\_\_\_  
FIRST NAME MIDDLE LAST HEBREW NAME

Father's Birthplace \_\_\_\_\_  
STATE OR COUNTRY

Mother's Name \_\_\_\_\_  
FIRST NAME MAIDEN NAME HEBREW NAME

Mother's Birthplace \_\_\_\_\_  
STATE OR COUNTRY



*Garden of Remembrance*  
GAN ZIKARON MEMORIAL PARK



**EDUCATION**

School	Degree	Year

Record any item of special interest here. (Include details of public offices held, military record and citations, lodges, clubs and association offices held). Please use additional sheet as needed.

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**MY PREFERENCES FOR MY MEMORIAL SERVICE**

Place of Service     Graveside     Synagogue/Temple     Chapel     Other \_\_\_\_\_

Service Preference     Reform     Conservative     Reconstructionist     Orthodox     Other \_\_\_\_\_

Synagogue or Temple Affiliation \_\_\_\_\_

Name of Rabbi Preferred \_\_\_\_\_

Rabbi's Contact Information \_\_\_\_\_

HOME PHONE

OFFICE PHONE

SYNAGOGUE / TEMPLE / DESIGNATED RABBI'S OFFICE

ADDRESS

CITY

STATE

Special Requests for Burial and/or Service (e.g., favorite passage from Bible or other literature)

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Music and/or Audio-visual, if any \_\_\_\_\_

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Memorial Tablet Instructions (suggested) \_\_\_\_\_

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**NEWSPAPER NOTICE**

My Name as It Should Appear in Notice \_\_\_\_\_

Name of Local Newspaper(s) in Which Obituary Should Appear \_\_\_\_\_

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**MY PREFERENCES FOR MY FUNERAL ARRANGEMENTS**

Pre-arrangements Have Been Made Through \_\_\_\_\_  
CEMETERY AND/ OR FUNERAL HOME

**Type of Casket**

Cloth Covered                       Hardwood                       Metal                       Wood (without Metal)

**LOCATION OF MY MEMORIAL PROPERTY**

I Own Memorial Property at     Garden of Remembrance (Gan Zikaron) Memorial Park  
 Other \_\_\_\_\_

Property Description (section, row, space or other identifying information) \_\_\_\_\_  
\_\_\_\_\_

**In Case of Emergency, Please Call**

(1) _____ NAME/RELATIONSHIP	(2) _____ NAME/RELATIONSHIP
_____ PHONE NUMBER	_____ PHONE NUMBER

Attorney's Name and Phone No. \_\_\_\_\_

Accountant's Name and Phone No. \_\_\_\_\_

Location of Will: Address and Phone No. \_\_\_\_\_

Location of Safe Deposit Box: Address and Phone No. \_\_\_\_\_

Name of Memorial Park Counselor \_\_\_\_\_

**To My Family:**

I have made these arrangements and completed this guide for the express purpose of relieving you, insofar as possible, of an emotional and financial burden.

**Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

Date \_\_\_\_\_

Please keep this document in a secure location that is accessible to your family. Give copies to your attorney, close relative and/or spouse/partner.