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# Advance Planning GUIDE

Please fill out the information below and call any of our three locations to schedule your Advance Planning appointment.

| | |
|---|---|
| Print Name (as you prefer to be called) | |
| Full Legal Name (include maiden) | |
| Address | |
| Do you live in the city limits? | ☐ yes ☐ no |
| Are you: | ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married |
| Spouse's Name (include maiden) | |
| Current Age | Date of Birth / /19 |
| Place of Birth | County State |
| Social Security Number | ( )-( )-( ) |
| Nationality | |
| How many years of formal education have you had? (0-17) | |
| Occupation for most of your life. (Eg. homemaker, builder) | |
| Father's Full Name | |
| Mother's Full Name (include maiden) | |
| Are your parents: | ☐ Living ☐ Deceased |
| Are you a veteran? | ☐ yes ☐ no |
| | If yes, Branch of Service? _____ |
| | Where did you serve? _____ |
| | Special awards/decorations? _____ |

| Your children: | Name(s) | Living/Deceased | Child's Spouse | City/State |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

| Your brothers and sisters: | Name(s) | Living/Deceased | Spouse | City/State |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

| Your Grandchildren or Great-Grandchildren: | Name(s) | Relationship |
|---|---|---|
| | | |
| | | |
| | | |

*Thank You!*