



*www.TrimbleFuneralHomes.com*

Trimble Funeral Home  
601 Twenty-first Street  
Moline, Illinois 61265  
309-764-1144      888-764-6881

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Trimble Funeral Home  
1700 First Street  
Coal Valley, Illinois 61240  
309-799-7474      888-764-6881

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TrimbleFH@TrimbleGroup.com

***ESSENTIAL INFORMATION FORM  
AND  
FUNERAL OR MEMORIAL CELEBRATION  
PLANNER***

Trimble Funeral and Cremation Centers provides this form for your use in recording essential information and leaving suggestions for your family.

Some of the information is for obituary purposes, other information is necessary for estate purposes. Feel free to complete as much or as little of the form as you are comfortable doing. Ignore any sections that are not relevant to you.

On the last page of this planner, we have listed a variety of things that we have found to be important for families to remember when they make funeral arrangements. The more responsive you are in this area, the greater assistance you will give your family as they plan a funeral or memorial personalized for you and celebrating your life.

Once you have completed the form, retain a copy with your important papers. If you wish, we will retain a copy in our permanent files at no cost or obligation.

# Essential Information and Suggestions for my Funeral Celebration

*To My Family: I have completed this form to make it easier for you when my death occurs. All of this information is accurate as of this date, but please update it when the need arises. All of the suggestions I am giving for my funeral or memorial celebration are just that – suggestions. Unless I indicate otherwise, please feel free to make appropriate decisions based on unforeseen circumstances at the time.*

(Signed)..... Date.....

## PERSONAL INFORMATION

Full Name.....

Name for Newspapers.....

Current residence address.....

City, State Zip..... Township, if rural.....

Phone..... Email.....

Social Security Number..... Former Residence.....

Date of birth..... Sex.....

Place of birth..... Nationality or Origin.....

Father's Full Name and Date and Place of Birth.....

Mother's Full Maiden Name and Date and Place of Birth.....

Schools attended and highest education.....

Spouse's Date of Birth..... Spouse's Social Security Number.....

## MARRIAGE

[1].....  
Spouse's Full Name (include Maiden Name)..... Date..... City..... Died/divorced and date.....

[2].....

[3].....

## EMPLOYMENT

Where employed.....

Type of work.....

Length of employment..... Retirement date.....

Previous or other employment.....

For Death Certificate: Primary Occupation..... Type of Business/Industry.....

# FAMILY INFORMATION

Living Spouse.....

Living parents.....

Name(s)	Address	City	Phone & Email
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Living children

Name	Spouse	Address	City	Phone & Email
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Living grandchildren (Number of Grandchildren.....) (Number of Great-grandchildren.....) (Number of Great-great-grandchildren.....)

Name	Spouse	Address	City	Phone & Email
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Living brothers and sisters

Name	Spouse	Address	City	Phone & Email
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Others to be notified (give relationship)

Name	Spouse	Address	City	Phone & Email
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Preceded in Death by:

## OTHER INFORMATION

### MILITARY SERVICE

Branch of Service ..... War ..... Receiving VA Disability  yes  no  
Service Number ..... Rank ..... Entry Date ..... Discharge Date .....  
Military Honor Guard at Burial  yes  no Awards and Citations .....

### ADVISORS

My Funeral Director is .....  
Name ..... Funeral Home .....  
Address ..... City ..... Phone ..... Email .....

I have preplanned my funeral:  yes  no

I have prepaid for my funeral:  yes  no

My Clergyman is .....  
Name ..... Church .....  
Address ..... City ..... Phone ..... Email .....

My Primary Physician is .....  
Name ..... Office or Clinic .....  
Address ..... City ..... Phone ..... Email .....

The Executor of my estate will be: .....  
Name ..... Office or Firm .....  
Address ..... City ..... Phone ..... Email .....

My Attorney is: .....  
Name ..... Firm .....  
Address ..... City ..... Phone ..... Email .....

My Financial Planner is .....  
Name ..... Firm .....  
Address ..... City ..... Phone ..... Email .....

My Trust Officer or Bank is: .....  
Name ..... Bank .....  
Address ..... City ..... Phone ..... Email .....

My Insurance Agent is .....  
Name ..... Agency .....  
Address ..... City ..... Phone ..... Email .....

I have the following life insurance policies:

Company Name	Policy Number	Company Name	Policy Number
.....	.....	.....	.....
.....	.....	.....	.....

### LOCATION OF IMPORTANT PAPERS

Birth Certificate and Marriage License .....

Mortgages and Notes .....

Insurance Policies .....

Military Discharge Papers .....

Income Tax Records .....

Car Title .....

Family picture albums .....

The original of this Essential Information Planner .....

Other (specify) .....





# THOUGHTS AND SUGGESTIONS FOR MY FAMILY

Scripture or poems I enjoy.....  
.....

Sayings or verses that are meaningful to me.....  
.....

Music which has inspired me.....  
.....

Books or authors I enjoy.....  
.....

Things to be displayed at my Celebration Service.....  
.....  
.....

I would like a Memorial Tribute Video produced to help my family remember all of the good times I have had in my life. I have assembled and labeled a variety of photographs to be used, and they are located.....

## REMEMBERING

My favorite family vacation.....  
.....

My favorite holiday.....  
.....

My favorite pet.....  
.....

My favorite game or activity.....  
.....

My favorite movie, television show, or song.....  
.....

My favorite flower or color or scent.....  
.....

My favorite dress or suit or other outfit.....  
.....

My favorite food or craving.....  
.....

I remember the time that.....  
.....

Don't forget.....  
.....  
.....  
.....