

# Davis Memorial Chapel

99 Summer Street, Springfield, VT 05156

Phone: (802) 885-3322 • Fax: (802) 885-3322 • Email: davischapel@vermontel.net

**To be placed in the permanent files of Davis Memorial Chapel.**

**\*Required fields**

Person Completing this Form\*: \_\_\_\_\_

Relationship\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

## Preplanning Guide For

Full Legal Name\*: \_\_\_\_\_  
(no initials please)

Address: \_\_\_\_\_  
(no P.O. Box)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Place of Birth: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Degree: \_\_\_\_\_

Veteran?:  Yes  No

Military Branch: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_  
(Wife's maiden name, if applicable)

Religious Affiliation/Congregation: \_\_\_\_\_

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Names of Family Members / Where do they live? (City,State)

Family Member 1 Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Family Member 2 Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Family Member 3 Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Family Member 4 Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Family Member 5 Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Family Member 6 Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Family Member 7 Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Family Member 8 Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Person in charge of arrangements: \_\_\_\_\_

Place of service or gathering: \_\_\_\_\_

Preference for final disposition: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Disposition of cremated body: \_\_\_\_\_

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In the space provided below, please share any information that would be helpful in creating a meaningful service. (ie. favorite hobbies, places, music selections, poems, scripture, etc.)

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Any final thoughts that should be shared?

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Do you wish to be contacted to discuss the details of these arrangements, cost or payment options?

Yes  No

If yes, how should we contact you?: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_