



The Legacy Society of Saint Michael the Archangel  
Saint Michael's Parish, Litchfield, CT

Additional Information at the Time of My Death

Final directions upon the death of:

Name \_\_\_\_\_ Date \_\_\_\_\_

File this information where it will be found easily upon your death. It is suggested that you file this with your local church or your attorney and notify your heirs that this form has been completed for their information.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Spouse's Full Name

\_\_\_\_\_  
List Address Above

\_\_\_\_\_  
List Address Above

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

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

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

\_\_\_\_\_  
Date of Baptism

\_\_\_\_\_  
Date of Baptism

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

Date/Place of Birth \_\_\_\_\_ Living: \_\_\_\_\_ Yes \_\_\_\_\_ No

Mother's Full Name \_\_\_\_\_

Date/Place of Birth \_\_\_\_\_ Living: \_\_\_\_\_ Yes \_\_\_\_\_ No

Names, addresses, and telephone numbers of living brothers and sisters:

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Names, addresses, and telephone numbers of persons to notify upon my death:

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

Employer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of last executed will: \_\_\_\_\_

Location of will: \_\_\_\_\_

Representative's name and address: \_\_\_\_\_

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