

How I want to be Remembered

## **Sorensen Funeral Home**

3180 30th Avenue North St. Petersburg, FL 33713 (727) 323-5111

## PERSONAL HISTORY

## VITAL STATISTICS

This portfolio is designed to guide you and those close to you through the funeral planning process. By recording vital information and personal preferences now, you will know you have eased the burden for your loved ones.

My Planning Guide is a valuable record. It offers guidance your survivors will need. If you have questions regarding any aspect of funeral planning, ask your funeral planning professional.

| Date:   |                  |                                 |               |
|---|------------------|---------------------------------|---------------|
| Name:   | Middle           | Maiden Name                     | Last          |
| Address:  |                  |                                 |               |
| City  | County           | State                           | ZIP           |
| Sex:   Male Female Home Phone:  |                  |                                 |               |
| Social Security Number:   |                  | Race:                           |               |
| Place of Birth:   | County           | Chata                           | Country       |
| Date of Birth:  |                  |                                 |               |
| In city since: Moved from:  |                  | Year:                           |               |
| Marital Status:   Married Place:  | Date:            | □ Never married □ Wido          | owed Divorced |
| Name of Spouse/Partner: (Maiden name, if a  | pplicable)       |                                 |               |
| Father's Name:  |                  | Father's Place of Birth:        | 46            |
| Mother's Maiden:  First Middle  Middle  | Last             | Mother's Place of Birth:        |               |
| Usual Occupation:   | Type o           | f Business/Industry:            |               |
| Employer:   |                  | Years in Occupatio              | n             |
| Education (highest grade completed): Elen   | nentary/Secondar | y College_                      | (2.4.5.)      |
|   |                  | (0-12)                          | (1-4 or 5+)   |
|   |                  |                                 |               |
| School(s) attended/Degree(s) earned:  |                  |                                 |               |
| School(s) attended/Degree(s) earned:  |                  |                                 |               |
| School(s) attended/Degree(s) earned: Church, Lodges, Memberships:   |                  |                                 |               |
| School(s) attended/Degree(s) earned: Church, Lodges, Memberships: Hobbies:  |                  |                                 |               |
| School(s) attended / Degree(s) earned: Church, Lodges, Memberships: Hobbies:  |                  |                                 |               |
| School(s) attended/Degree(s) earned: Church, Lodges, Memberships: Hobbies:  ARMED FORCES  |                  |                                 |               |
| School(s) attended/Degree(s) earned: Church, Lodges, Memberships: Hobbies:  ARMED FORCES  Branch of Service:  | Servic           | ce Number:                      |               |
| School(s) attended/Degree(s) earned: Church, Lodges, Memberships: Hobbies:  ARMED FORCES  Branch of Service: Date Entered:  | Servic           | ce Number:                      |               |
| School(s) attended/Degree(s) earned: Church, Lodges, Memberships: Hobbies:  ARMED FORCES  Branch of Service: Date Entered: Type of Separation or Discharge of Service: _  | Servic           | ce Number:<br>e of Entry: Date: |               |
| Church, Lodges, Memberships:  Hobbies:  ARMED FORCES  Branch of Service:  Date Entered:  Type of Separation or Discharge of Service:  Place of Discharge:   | Servic           | ce Number:<br>e of Entry: Date: |               |
| School(s) attended/Degree(s) earned: Church, Lodges, Memberships: Hobbies:  ARMED FORCES  Branch of Service: Date Entered: Type of Separation or Discharge of Service: _ Place of Discharge: Location of Military Discharge Papers (DD21)   | Service Place    | ce Number:<br>e of Entry: Date: |               |
| School(s) attended/Degree(s) earned: Church, Lodges, Memberships: Hobbies:  ARMED FORCES  Branch of Service: Date Entered: Type of Separation or Discharge of Service: _ Place of Discharge: Location of Military Discharge Papers (DD21 Highest Grade, Rank or Rating Received: Wars/Conflicts Served: | Service Place    | ce Number:                      |               |



| Name:                               | Relationship:      | Home Phone:  |
|-------------------------------------|--------------------|--|
| Address:                            | ~                  | Other Phone:   |
| Name:                               | Relationship:      | Home Phone:  |
| Address:                            |                    | Other Phone:   |
| Name:                               | Relationship:      | Home Phone:  |
| Address:                            |                    | Other Phone:   |
| Name:                               | Relationship:      | Home Phone:  |
| Address:                            |                    | Other Phone:   |
| Name:                               | Relationship:      | Home Phone:  |
| Address:                            |                    | Other Phone:   |
| Name:                               | Relationship:      | Home Phone:  |
| Address:                            |                    | Other Phone:   |
| Name:                               | Relationship:      | Home Phone:  |
| Address:                            |                    | Other Phone:   |
| Preceded in death by:               |                    |  |
|                                     |                    | nily needs help: notifying friends, running errands, or house sitting. |
|                                     |                    | Home Phone:  |
| Address:                            |                    | Other Phone:   |
| Name:                               | Relationship:      | Home Phone:  |
| Address:                            |                    | Other Phone:   |
| Name:                               | Relationship:      | Home Phone:  |
| Address:                            |                    | Other Phone:   |
| Name:                               | Relationship:      | Home Phone:  |
| Address:                            |                    | Other Phone:   |
| Important Informa                   | TION FOR YOU       | r Family's Use   |
| Do you have a will or living trust? | Yes No Attorney wh | o wrote document:  |
| Executor of Estate:                 |                    |  |
| Do you have a living will?          | No Location:       |  |
| Important papers are located at:    |                    |  |

# MEMORIAL INSTRUCTIONS

| Funeral Home:   |                      |              |               | ione:                             |            |                 |
|---|----------------------|--------------|---------------|-----------------------------------|------------|-----------------|
| Church Preference:  |                      | re's Fr      | Ph            | none:                             |            |                 |
| Officiant:  |                      |              |               | one:                              |            |                 |
| Disposition Preference:   Burial  | ☐ Mausoleum ☐        | ☐ Entombme   | ent 🗆 Crer    | nation                            |            |                 |
| Memorial service to be held at:   | uneral Home          | Church       | Graveside     | Other:                            |            |                 |
| Visitation/Friends calling: ☐ Yes ☐   | ☐ No Casket          | : Opene      | ed Close      | ed                                |            |                 |
| Participating fraternal, military or serv   | rice organization: _ |              |               |                                   |            |                 |
| Obituary:   | o Newspape           | er(s):       |               |                                   |            | VI.             |
| Pallbearers:  |                      |              |               |                                   |            |                 |
| Flowers (describe):   |                      |              |               |                                   |            |                 |
| Favorite religious passages, quotation  | s, poems:            |              |               |                                   |            |                 |
|   |                      |              |               |                                   |            |                 |
| Favorite musical selections:  |                      |              |               |                                   |            |                 |
| Specific requests to be performed at  | service:             |              |               |                                   |            |                 |
| Contributions (Name of charity):  |                      |              |               |                                   |            |                 |
| Flag (If veteran):  | Draped Given t       | 0:           |               |                                   |            |                 |
| Specific clothing (describe):   |                      |              |               |                                   | -          |                 |
| Glasses to be worn:  Yes No   | After viewing, re    | emoved and g | given to:     |                                   |            | Bour.           |
| Jewelry to be worn: ☐ Yes ☐ No  | After viewing, re    | moved and g  | given to:     |                                   |            |                 |
| Specific jewelry (describe:)  |                      |              |               |                                   |            |                 |
| CEMETERY INSTRUCT   | ION                  |              |               |                                   | ne de      |                 |
| Cemetery property owned:   Yes  | □ No Cem             | netery:      |               |                                   |            |                 |
| Address:  |                      |              |               |                                   |            |                 |
| City:   |                      |              |               |                                   |            |                 |
| Location: Section/Garden:   | Lot:                 | Space:       |               | Marker owned:                     | ☐ Yes      | □ No            |
| Cremation memorialization:   Nich   | he 🗌 Burial 🗀        | Other:       |               |                                   |            |                 |
| Additional instructions:  |                      |              |               |                                   |            |                 |
| For the purpose of assisting my fan the preceding information represer my family spend \$ for my for my family spend \$ | nts my personal w    | ishes and de | esires. As of | ments in the ever this date, I wo | vent of no | eed,<br>er that |
| Signature:  |                      |              |               | Date:                             |            |                 |
| Funeral Planning Profession   |                      |              |               |                                   |            |                 |

# FUNERAL ESTIMATE SHEET

I understand that this estimate sheet does not represent items bought or sold and is not a contract to do so. These figures represent only an estimate of the costs of my funeral preferences at today's prices.

| ame:  | _ 0.8.10.010. | Date:                                   |           |
|---|---------------|---|-----------|
| SECTION I – SERVICE   | S             |   |           |
| Funaral Packago, describo                                     |               |   | \$        |
| runeral Fackage, describe:                                    | V             |   | _ Φ       |
| For details, please refer to a copy of the General            | Price List    |   | _         |
| ITEMIZED SERVICES   |               |   |           |
| Basic services of funeral director and staff                  | \$            | Use of equipment and staff for ceremony | \$        |
| Transfer of deceased to funeral home                          |               | Funeral coach                           | \$        |
| miles @ \$ per mile   | \$            | Family car no @ \$each                  | \$        |
| Embalming   | \$            | Other, please specify                   | \$        |
| Other preparation of the body                                 | \$            |   | \$        |
| Use of facilities and staff for viewing                       |               |   | \$        |
| days @ \$   | \$            | CUPTOTAL COCKET                         |           |
| Use of facilities and staff for ceremony                      | \$            | Subtotal – Section I                    | \$        |
|   |               |   |           |
| SECTION II MEDGI  | IANIDICE      |   |           |
| SECTION II – MERCH  | IANDISE       |   |           |
| CASKET  | \$            | OTHER MERCHANDISE                       |           |
| Name  | _             | Alternative container                   | \$        |
| Description   | _             | Urn                                     |           |
| Interior fabric and color                                     | _             | Marker                                  |           |
| Exterior material and color                                   |               | Memorial Package                        | \$        |
| Gauge weight (where applicable)                               | _             |   | \$        |
| OUTER BURIAL CONTAINER  | \$            |   | \$        |
| Name  | _             | Cuprotia Crotical II                    |           |
| Description   |               | SUBTOTAL – SECTION II                   | \$        |
| SECTION III MISC  | ITEMA         | SUBTOTAL – SECTIONS I & II              | •         |
| SECTION III – MISC.   |               | SOBTOTAL - SECTIONS I & II S            | Φ         |
| Memorial package  | \$            | Total – Sections I, II & III            | \$        |
| Obituary notices  | \$            | TO THE SECTION STATE CALL               |           |
| Death certificates  |               | Payment Option                          | ς.        |
| copies @ \$ per each co                                       |               | TAIMENT OF HON                          | <b>5.</b> |
| Flowers   | \$            | PAYMENT PLAN OPTI                       | ONS       |
| Olavar , bananani , ma  | \$            | TAIMENT LAN OF IT                       | ONS       |
| Clergy honorarium   | 200           | Single Premium \$                       |           |
| Musician honorarium   | \$            | Single i ternium                        |           |
| Musician honorarium<br>Reception                              | \$<br>\$      |   | per month |
| Musician honorarium<br>Reception<br>Grave opening and closing | \$<br>\$      |   | per month |
| Musician honorarium<br>Reception                              | 200           |   |           |
| Musician honorarium<br>Reception<br>Grave opening and closing | \$<br>\$      | One-Year \$ r                           | per month |

## **IMPORTANT INFORMATION**

## SOCIAL SECURITY

If you are working and paying into Social Security, some of the Social Security taxes you pay are applied toward survivor benefits. The amount of these benefits will be determined by Social Security.

For answers to your specific questions, contact the nearest Social Security office or call (800) 772-1213 between the hours of 7 a.m. and 7 p.m. weekdays. Informative publications are available at your local office or on the Internet at **www.ssa.gov** free of charge.

To file a claim, call (800) 772-1213 between the hours of 7 a.m. and 7 p.m. weekdays. The operator will need to know the deceased person's social security number, date of death and survivor's information. TDD users can call (800) 325-0078.

### VETERANS ADMINISTRATION

If you are an honorably discharged veteran, your survivors may be eligible for a wide range of benefits. Information on a wide variety of topics may be obtained by calling (800) 827-1000 or on the Internet at www.va.gov. For specific information about your benefits, have your VA number available for the benefits counselor when you call.

Some of the benefits currently available to survivors of honorably discharged veterans include a burial flag, presidential memorial certificate, headstone or marker for the grave or niche of the veteran, and, in some cases, burial allowances. For specific questions regarding eligibility and options, contact the Veterans Administration at the number given above.

### FEDERAL EMPLOYEES

Survivors of employees of the federal government may be eligible for a wide range of benefits including group life insurance, annuities and health insurance continuation. For answers to specific questions, you can contact the Office of Personnel Management at (888) 767-6738 or visit their website at **www.opm.gov**.

## WILL

A document in which you specify what is to be done with your property when you die and name your executor, or personal representative. You can also use your will to name a guardian for your young children. Wills must be handled through a process known as "probate."

### PROBATE

Simply stated, probate is the court process following a person's death that includes:

- proving the authenticity of the deceased person's will
- appointing someone to handle the deceased person's affairs
- identifying and inventorying the deceased person's property
- paying debts and taxes
- identifying heirs, and
- distributing the deceased person's property according to the will or, if there is no will, according to state law.

#### LIVING TRUSTS

A trust you can set up during your life. Living trusts are an excellent way to avoid the cost and hassle of probate because the property you transfer into the trust during your life passes directly to the trust beneficiaries after you die. The successor trustee – the person you appoint to handle the trust after your death – simply transfers ownership to the beneficiaries you named in the trust.



## POWER OF ATTORNEY

A document that gives another person legal authority to act on your behalf. If you create such a document, you are called the principal, and the person to whom you give this authority is called your attorney-in-fact. If you make a durable power of attorney, the document will continue in effect even if you become incapacitated.

#### LIVING WILL

A legal document in which you state your wishes about certain kinds of medical treatments and life-prolonging procedures. The document takes effect if you can't communicate your own healthcare decisions. A living will may also be called a healthcare directive, advance directive or directive to physicians. Laws vary from state to state. Check with your state authorities for specific laws related to living wills.

## LIFE INSURANCE

A contract in which an insurance company agrees to pay money to a designated beneficiary upon the death of the policyholder. In exchange, the policyholder pays a regularly scheduled fee, known as insurance premiums. The purpose of life insurance is to provide financial support to those who survive the policyholder, such as family members or business partners. When the policyholder dies, the insurance proceeds pass to the beneficiaries free of probate, though they may be counted for federal estate tax purposes.

#### **FUNERAL SERVICE**

Whether you choose to be buried in a casket or cremated, the funeral service itself is the first step in overcoming the grief of the loved ones left behind. Although an immediate cremation without any form of gathering or service is an option, it ignores the need of your survivors for closure. And a funeral brings together friends and relatives in mutual support at a time when it is most needed. The ritual can be as meaningful as a baptism or wedding, helping loved ones to move ahead with their lives following a loss.

Due to the many details and decisions that must be made when a death occurs, these arrangements are usually more satisfying when made in advance. For example, you may dislike the idea of a viewing but can probably recognize there is value in a gathering for close friends and relatives. You can plan where your funeral will be held and the style of the ceremony. You may prefer for friends and family to gather informally and share their feelings and memories. Favorite music selections can be identified, and photographs are sometimes a very important part of the event.

Some circumstances are handled best by a memorial service. The only difference between a funeral and a memorial service is that the body of the deceased is not present, possibly because the body was buried at another site or was cremated.

Final arrangements for yourself or a loved one involve some of the most personal decisions you will make. The only thing that matters is that you and your family are pleased with your decisions. For questions you may have consult your funeral director or funeral planning professional.

## PRE-ARRANGED FUNERAL PLAN

A contract in which a funeral establishment agrees to provide merchandise and services upon the death of the contract beneficiary. This plan is funded using a life insurance policy specifically designed to keep pace with inflation and is part of the contract. The plan provides not only the funding for the funeral, but allows individuals the opportunity to specify their own wishes for the funeral ceremony and merchandise. Those who have chosen to pre-arrange their funeral have expressed a deep sense of satisfaction knowing that they have relieved their family of the task of making emotional decisions at a difficult time.

#### THINGS TO REMEMBER

- ♦ When someone dies you should contact us immediately. We will assist in making all arrangements.
- ♦ If someone dies away from home in another city, state or country call us immediately.
  We will coordinate arrangements with a local mortuary on your behalf.