

STEP 3 - ESTATE/FINANCIAL INFORMATION (Optional)

Do you have a will? Yes No Living Will: Yes No Trust: Yes No Location _____

Attorney or Power of Attorney _____ Phone _____

Name and Location of your Bank _____ Safe Deposit Box: _____

Location of Birth Certificate _____ Marriage License _____

Health Insurance Company _____ Policy # _____

Life Insurance Company _____ Policy # _____

Location of Military Records (DD214) _____

Location of Other Records, Deeds, Titles, etc. _____

Notes: _____

Final Thoughts

We hope that you have found this planning guide helpful. By completing it, your services will be more thoughtful, more memorable, less expensive and less stressful. We recommend you fill this booklet out within a week or so, because if you don't, you won't.

It would be sad if, at your death, a loved one picked up this booklet, read the beautiful message on the front cover, and found the pages blank. Please contact me and i will see that your information is kept in a file at the funeral home of choice.



Planning Guide

“A letter to my loved ones”

To my loved ones,

I have recorded the information contained in my personal planning guide for your peace of mind as well as my own. I sincerely hope that it will spare everyone unnecessary grief, distress and expense at the time of my death. It means a great deal to me to know that I have taken steps to eliminate as much as possible the burden of decision making in this manner.

I have tried to complete this information with much love and thought, knowing that it might cause greater distress if these decisions were left for you to make with no indication of my wishes.

I sincerely hope you will find these arrangements and suggestions in accordance with your own wishes. It is my sincerest intention that this information will ease the burden as much as possible.

STEP 1 - PERSONAL HISTORY (Please print)

First _____ Middle _____ Last _____

Maiden Name _____ Social Security Number (optional) _____

Home Phone Number _____ Email _____

Street _____ City _____

County _____ State _____ Zip _____

Birthdate _____ Birthplace _____ Sex: Male Female

Nationality/Citizenship _____ Highest Education Level Completed _____

Employed by (or retired from) _____ Job Title _____ Employed Since _____

Marital Status _____ Date _____ Location _____

Spouse's Name (include Maiden Name) _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Father's Address _____ Mother's Address _____

If a Veteran,

Branch of Service _____ Serial No. _____ Discharge Rank/Date/Location _____

Memberships (church, unions, etc.) _____

The following information represents my personal preferences for the purpose of assisting my family in making funeral and burial arrangements at the time of need. I understand that a contract between myself and the funeral home in which the funeral home agrees to provide specific services and merchandise which I may pre-select, and for which I may pre-pay, may be available to me, but I wish to clearly advise my family that this form does not constitute such a contract. As of this date, I would prefer that my family work with

(Funeral Home) _____,

And honor the requests above.

Signature _____

Date _____

STEP 2 - PERSONAL PREFERENCES

Preferred Funeral Home _____ Phone _____

Church Preference _____ Phone _____

Officiant _____ Phone _____

Disposition Preference: Burial Cremation Deliver Family Pick-up Ship Hold Other _____

Service to be Held at: Mortuary/Funeral Home _____ Church _____

Chapel _____ Graveside _____

Visitation/Friends Calling: Yes No Obituary: Yes No Picture: Yes No Other: _____

Newspaper(s) _____ Pallbearers to be Selected by _____

Casket _____ Vault _____

Participating Fraternal, Military or Service Organization _____

Flag (If Veteran): Folded Draped Given to _____

Specific Clothing _____ Glasses _____

Jewelry _____ Flowers (type) _____

Favorite Music Selections _____

Specific Requests to be Performed at Service _____

Favorite Literature or Religious Passage/Verse _____

Contributions (Name of Charity) _____

Cemetery Property Owned: Yes No Cemetery _____ City _____ State _____

Location: Space _____ Lot _____ Vault _____ Marker _____

Cremation: Niche Urn Urn Vault

Additional Requests: _____