Funeral & Memorial Planning Guide





SHAFFER FUNERAL HOME

Making end of life a little easier



This booklet was personally prepared for:

This booklet contains a complete record of my final wishes as I would like them carried out. It also contains information that will be helpful in completing any necessary forms and closing accounts.

Signed	X			
Date				
Witness	×			
VVICILES				
Date				

IMPORTANT:

Be sure to keep this booklet in a safe place as it contains sensitive information, but ensure it is available to whomever will be handling your final arrangements.

DO NOT KEEP IN A SAFE DEPOSIT BOX!!



I have prepared this booklet so that I may spare you from the many decisions that must be made upon my death.

Within this booklet, I have recorded my final wishes and ask you to take this to the funeral director I have named so that these requests may be fulfilled. This is not exhaustive, but it should be more than enough to most everything completed.

For your benefit, I have also listed the vital information that is required, along with a list of resources (account names, numbers, pins, passwords, etc).

By planning in advance, I hope to have lifted this burden from your shoulders.

All my love,	



FIRST Name	Middle Name	Last Name
Maiden Name or Nickname		
Physical Address :		
	- 1	
Mailing Address:		
Date of Birth:	Place of Bir	th (City & State)
1 1		
Social Security #:	Citize	n of :
Marital Status:		HOME
Occupation & Employer:	Highest Le	evel of Education:
Father's Full Name	Mother's Full Na	me & Maiden Name
Military Service: Yes If yes, list Branch of Armed Fo	☐ No orces, Years of Services, Rank, and Dat	es of Entry and Discharge



City, State			Phone #:
	□have □ have n	ot made arrangel	ments.
Person Responsible fo	^r Making Final Arran	gements	Phone #:
HAIDE	R FUN	ERAL	HOME
	Final Dis	position:	
☐ Conventional Bu	ial *Cemetery	Name & Location	
☐ Natural Burial	* Cemeter	y Name & Location	1
☐ Cremation	*Special instruction	s for my ashes:	
☐ Body Donation	*Preferred Organi	zation	

Visitation / Memorial

Officiant/Clergy:					
Visitation and Funeral Details	 S:	lii.			
	1				
Body Present? (circle one)	Yes	No	If ves	open casket	or closed casket
SHARR]	R		ry Info		HOME

Investment and	Banking Account Info for	the estate	of:
BANK		BANK	
ACCOUNT #		ACCOUNT #	
CONTACT		CONTACT	
PW OR PIN		W OR PIN	
NOTES		NOTES	
2004		B. A. V. C	
BANK		BANK	
ACCOUNT #		ACCOUNT #	
CONTACT		CONTACT	
PW OR PIN		PW OR PIN	
NOTES		NOTES	
BANK		BANK	
ACCOUNT #		ACCOUNT #	
CONTACT		CONTACT	
PW OR PIN		PW OR PIN	
NOTES		NOTES	
BANK		BANK	
ACCOUNT #		ACCOUNT #	
CONTACT		CONTACT	
PW OR PIN		PW OR PIN	
NOTES		NOTES	



Insurance Policy Info for the esta	te of:
COMPANY	COMPANY
POLICY #	POLICY #
BENEFICIARY	BENEFICIARY
PW OR PIN	PW OR PIN
NOTES	NOTES
COMPANY	COMPANY
POLICY #	POLICY #
BENEFICIARY	BENEFICIARY
PW OR PIN	PW OR PIN
NOTES	NOTES
COMPANY	COMPANY
POLICY #	POLICY #
BENEFICIARY	BENEFICIARY
PW OR PIN	PW OR PIN
NOTES	NOTES
COMPANY	COMPANY
POLICY #	POLICY #
BENEFICIARY	BENEFICIARY
PW OR PIN	PW OR PIN
NOTES	NOTES



Utility & other Debt Accounts for the	estate of:
WATER	SEWER
ACCOUNT #	ACCOUNT #
CONTACT	CONTACT
PW OR PIN	PW OR PIN
NOTES	NOTES
MORTGAGE #1	MORTGAGE #2
ACCOUNT #	ACCOUNT #
CONTACT	CONTACT
PW OR PIN	PW OR PIN
NOTES	NOTES
ELECTRIC	INTERNET
ACCOUNT #	ACCOUNT #
CONTACT	CONTACT
PW OR PIN	PW OR PIN
NOTES	NOTES
HOME PHONE	CELL PHONE
ACCOUNT #	ACCOUNT #
CONTACT	CONTACT
PW OR PIN	PW OR PIN
NOTES	NOTES



Utility & other Debt Accounts for the	estate of:
NATURAL GAS	DEBT #1
ACCOUNT #	ACCOUNT #
CONTACT	TYPE
PW OR PIN	PW OR PIN
NOTES	NOTES
DEBT #2	DEBT #3
ACCOUNT #	ACCOUNT #
TYPE	TYPE
PW OR PIN	PW OR PIN
NOTES	NOTES
DERT #/	DERT #F
DEBT #4	ACCOUNT #
ACCOUNT #	TYPE
TYPE	PW OR PIN
PW OR PIN	
NOTES	NOTES
LAWN CARE	OTHER
ACCOUNT #	ACCOUNT #
CONTACT	CONTACT
PW OR PIN	PW OR PIN
NOTES	NOTES





SHAFFER FUNERAL HOME, LLC

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SAVANNA A. MORGRET Director