



# LAST INSTRUCTIONS FOR MY SURVIVORS

## PERSONAL DATA

Full birth name

Social Security number

Date of birth

Place of birth

Country of citizenship

Service (Branch/Rank)

Spouse's full birth name

Parents' names

Address

Phone

## UPON DEATH PLEASE CONTACT

Name

Relationship

Address

Phone

Name

Relationship

Address

Phone

## CONCERNING MY ESTATE

Name of Executor(s) or Trustee(s)

Address

Phone

Name of Guardian

Address

Phone

Name of Lawyer

Address

Phone

Name of Bank Trust Officer

Address

Phone

Location of Will or Trust (all copies)

Location of keys

Others with access

Location of important papers not in safety deposit box(es)

## BANK ACCOUNT INFORMATION

Company

Branch

Address

Type of Account

Account #

Company

Branch

Address

Type of Account

Account #

Company

Branch

Address

Type of Account

Account #

Company

Branch

Address

Type of Account

Account #

Company

Branch

Address

Type of Account

Account #

Company

Branch

Address

Type of Account

Account #

## INVESTMENT ACCOUNT INFORMATION

Company

Branch

Address

Type of Account

Account #

Company

Branch

Address

Type of Account

Account #

Company

Branch

Address

Type of Account

Account #

## LIFE INSURANCE INFORMATION

Company

Address

Policy #

Contact Name

Contact Phone

Company

Address

Policy #

Contact Name

Contact Phone

Company

Address

Policy #

Contact Name

Contact Phone

## OTHER DEATH BENEFITS (GIVE DETAILS)

Pension

Military

Fraternal Organizations

Other (specify)

## FUNERAL ARRANGEMENTS

Religious affiliation, if any

Place of worship, if any

Clergy to contact

Address

Phone

I prefer:

Burial

Cremation

Bequeathal

I prefer:

Funeral service

Memorial service

No ceremony

Funeral home

Address

Phone

Memorial Society

Address

Phone

Bequeathal arrangement with

Address

Phone

Other arrangements

## IF FUNERAL

Cemetery preferred

Address

Phone

I would like to request the following pallbearers

I prefer:

A viewing	No viewing	Closed casket
Open casket	No casket	
Embalming	No embalming	
Flowers	No flowers	
Donations (if donations, to)		

### IF SERVICE WILL BE HELD, I PREFER THE FOLLOWING

Music

Readings

Participants

If cremation, I would like my ashes to be handled as follows

I prefer no more than \$ \_\_\_\_\_ to be spent on my funeral, if possible.

### BIOGRAPHICAL INFORMATION (FOR OBITUARIES & DEATH NOTICES)

Educational

Civic affiliations

Religious affiliations

Military service

Honors/awards/achievements

Political affiliations

Employment highlights

Survivors (immediate family)

Date

Copies provided to

## ADDITIONAL INFORMATION



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