

Time to Reflect

Your Personal Funeral Planning Guide



My personal history

PERSONAL INFORMATION

First name	Middle	Last	
Date of birth	Birthplace (City, County, State)		
Current address	City	State	Zip
Phone number	Daytime phone	Email address	
Marital status (check one)	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Race/nationality			
Spouse's full maiden name	Marriage date	Place	Date of death (if applicable)
	Deceased (check one)	<input type="checkbox"/> Y <input type="checkbox"/> N	
Father's name	Deceased (check one)	<input type="checkbox"/> Y <input type="checkbox"/> N	
Mother's maiden name			

PROFESSIONAL HISTORY

Lifetime occupation	Industry	Employer	
Last position held/job title	Number of years with employer	Retired (check one)	<input type="checkbox"/> Y <input type="checkbox"/> N

EDUCATION

Education level completed			
High School attended	City	State	Year of graduation
College attended	City	State	Year of graduation
Degree(s) received			
Awards received			

MILITARY RECORDS

Veteran (check one) <input type="checkbox"/> Y <input type="checkbox"/> N		
Branch of Military	Rank	Service number
Enlistment date	Discharge date	
Discharge papers enclosed (check one) <input type="checkbox"/> Y <input type="checkbox"/> N		

PERSONAL IDENTIFICATION NUMBERS

Social Security number
Driver's License number/state
Visa number
Passport number and issuing Country
Green Card number

FAMILY MEMBERS

	Address	Phone
Mother		
Father		
Siblings		
Siblings		
Spouse/loved one		
Children and their spouses		
Children and their spouses		
Grand children and great-grandchildren		
Others		
Pets		

Responsibility to those I love

OBITUARY INFORMATION

Local newspaper name (Funeral Home will notify)

Other newspapers (include name of newspaper, city, state)

Picture enclosed (check one) Y N

LOCAL CONTACTS TO BE NOTIFIED AT THE TIME OF DEATH

Name	Address	Phone

SURVIVED BY

Name	Relationship	Name	Relationship

PRE-DECEASED BY

Name	Relationship	Name	Relationship

COMMUNITY AFFILIATIONS

Lodges, memberships & public offices held

Awards & certifications

Hobbies & interests

Church (name, denomination, involvement)

Charities/volunteerism

IMPORTANT LEGAL INFORMATION FOR FAMILY USE

Insurance (include company name, policy #, type and amount)

Attorney's name	Safe deposit box location
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Executor of estate	Address	Phone
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Do you have a will? (check one) Y N

Location of will and any additional pertinent information

A will is typically read after the funeral and is not the best place to indicate your funeral wishes.

LOCATION OTHER IMPORTANT DOCUMENTS

Birth Certificate	Passport	Insurance Policies
Citizenship Certificate	Diplomas	Property Deeds
Marriage Certificate	Trust Documents	Vehicle Titles

OTHER KEY CONTACTS

Accountant	Firm	Phone
Financial Advisor	Firm	Phone
Insurance Agent	Firm	Phone
Other	Firm	Phone
Other	Firm	Other
Other	Firm	Other

Celebrating my life

FUNERAL SERVICE SELECTIONS

Funeral home		Location/city
Service location	Service type	Officiant name
Cemetery	Location/city	Section lot
Property purchased (check one)	Y <input type="checkbox"/> N <input type="checkbox"/>	Marker purchased (check one) Y <input type="checkbox"/> N <input type="checkbox"/>
Casket/urn	Outer container	
Visiting and viewing preferences		
Type of cremation service		
Memorial package selection		

SPECIAL INSTRUCTIONS

Music selections

Number	Vocalist name and phone	Organist name and phone
Number	Vocalist name and phone	Organist name and phone

Special readings

Religious Text, Poem, Quote etc.	Reader's name	Phone
Religious Text, Poem, Quote etc.	Reader's name	Phone

Flower requests

Personal instructions

Clothing		
Jewelry	Jewelry returned (check one) Y <input type="checkbox"/> N <input type="checkbox"/>	
Glasses worn (check one)	Y <input type="checkbox"/> N <input type="checkbox"/>	Glasses returned (check one) Y <input type="checkbox"/> N <input type="checkbox"/>
Other requests		

PARTICIPATING ORGANIZATIONS (FRATERNAL/MILITARY)

PALL BEARER'S NAMES

Name	Relationship	Name	Relationship

MEMORIAL CONTRIBUTION DESIGNATION

Organization name	City/State
Organization name	City/State

ADDITIONAL INFORMATION

I have set aside funds for my funeral plan.

Provider's name and address