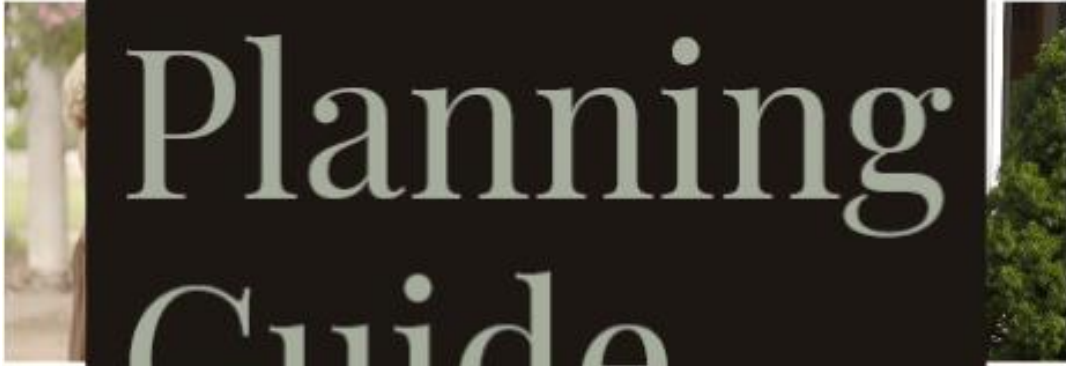




# Funeral Planning Guide



## Planning for a funeral can be complicated and time consuming

We hope this planning guide might make it a little less difficult.



With this Funeral Planning Guide, you'll be able to assist your loved ones during what will be a very hard and often confusing time.

Documenting your funeral preferences, as well as providing important information will make a hard time a little easier for them.

Family members and friends will be faced with making numerous funeral planning decisions very quickly. And it's going to be tough to make decisions during such an emotional time.

**They should know what kind of funeral you want.**

- What funeral provider should be used?
- Do you prefer burial or cremation? What other arrangements should be planned?
- Whom should be notified?

And there are many more questions you'll want to answer to help make this an easier transition for all.

Following the funeral, your financial affairs will need to be finalized. The information you provide will be vital.

This Funeral Planning Guide makes it easy to document information your family and loved ones will need after you pass.



### **They should know what to expect after your funeral.**

- Where can important documents be found?
- Are there any account passwords or numbers needed?
- Are there any liabilities or loans that need to be taken care of?



We all know planning for the end of one's life is not easy, and it can be uncomfortable and awkward for you family to discuss them with you. But this information is essential to ensure clarification for those closest to you during this tough time.

This guide should help alleviate some of the discomfort, helping to ensure that your final wishes are carried out the way that you want.

**Personal Information**

In order to obtain a Death Certificate Information your loved ones will need the following information:

Full Legal Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix (Sr., Jr., III, etc.) \_\_\_\_\_

Other Names by Which You May Be Known: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City & State of Birth: \_\_\_\_\_

Your Maiden Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Married: \_\_\_\_\_ Never Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_

Spouse / Domestic Partner Name: \_\_\_\_\_

Wedding Date & Place: \_\_\_\_\_



**Education**

High School Name City & State: \_\_\_\_\_

Highest Grade Completed or Degree Earned: \_\_\_\_\_

College Name City & State: \_\_\_\_\_

Highest Grade Completed or Degree Earned: \_\_\_\_\_

**Personal Identification**

Driver's License State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Visa #: \_\_\_\_\_

Passport #: \_\_\_\_\_

Issuing Country: \_\_\_\_\_

Green Card #: \_\_\_\_\_

**Funeral Plans**

Record your final wishes below to assist your family in making the final arrangements you desire.

People I'd like personally notified of my death:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**If You Have Prepaid for Your Funeral:**

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Plan # or Other Identifier: \_\_\_\_\_

Name of Cemetery: \_\_\_\_\_

Plot #: \_\_\_\_\_

Location of Documents: \_\_\_\_\_

**If You Have Not Prepared for Your Funeral**

Arrangements should be made by (select all that apply):

My Spouse/Partner: \_\_\_\_\_

My Father: \_\_\_\_\_

My Mother: \_\_\_\_\_

My Children: \_\_\_\_\_

A Specific Child (Name): \_\_\_\_\_

A Sibling (Name): \_\_\_\_\_

Other: \_\_\_\_\_

**I would like my remains to be handled as follows:**

Ground burial in a private cemetery (specify): \_\_\_\_\_

I have purchased a plot (specify plot #): \_\_\_\_\_

I have not purchased a plot: \_\_\_\_\_

Interred in a national cemetery (eligible veterans, and eligible family members): \_\_\_\_\_

Interred in a mausoleum (specify): \_\_\_\_\_

I have purchased a crypt (specify #): \_\_\_\_\_

I have not purchased a crypt: \_\_\_\_\_

**Cremation, with cremated remains (ashes):**

Interred in mausoleum: \_\_\_\_\_

Interred in burial plot: \_\_\_\_\_

Scattered: \_\_\_\_\_ (if yes, specify below)

Location (\*check local, state and federal laws) \_\_\_\_\_

Other (please explain) \_\_\_\_\_

**I have registered to donate the following body/organs**

\_\_\_\_\_  
\_\_\_\_\_

**Funeral Arrangements (please check one)**

Traditional funeral, followed by burial or cremation: \_\_\_\_\_

Direct burial or cremation, followed by a memorial service: \_\_\_\_\_

Direct burial or cremation, no memorial service: \_\_\_\_\_

Other (please explain): \_\_\_\_\_

**Memorial Service Preferences (please check all that apply)**

Visitation and viewing preferences at the funeral home: \_\_\_\_\_

At place of worship: \_\_\_\_\_

Open casket: Yes \_\_\_\_\_ No \_\_\_\_\_

Viewing only at the funeral home prior to ceremony: \_\_\_\_\_

No viewing/no open casket: \_\_\_\_\_

Other (please explain): \_\_\_\_\_

**Personal**

Glasses to be worn: Yes: \_\_\_\_\_ No: \_\_\_\_\_ NA: \_\_\_\_\_

Remove before interment and return to: \_\_\_\_\_

Jewelry to be worn (specify): \_\_\_\_\_

Jewelry to remain with me: \_\_\_\_\_

Jewelry to be removed before interment and return to: \_\_\_\_\_

Specific clothing: \_\_\_\_\_

**Ceremony Preferences**

No ceremony: \_\_\_\_\_

Funeral ceremony at place of worship (specify): \_\_\_\_\_

Funeral ceremony at funeral home (specify): \_\_\_\_\_

Graveside ceremony only: \_\_\_\_\_

Memorial ceremony at (specify): \_\_\_\_\_

Other (please explain) \_\_\_\_\_

**Ceremony officiant (i.e., clergy/speaker) (if applicable):**

First choice: \_\_\_\_\_ Phone #: \_\_\_\_\_

Second choice: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Speakers: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Speakers: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Special affiliations for my ceremony should include:**

Military Ceremony (specify): \_\_\_\_\_

Lodge Ceremony (specify): \_\_\_\_\_

Other Ceremony (specify): \_\_\_\_\_

Some things I would like to have shared at the ceremony would be (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Marker/headstone preferences (if applicable):**

Type of marker/headstone desired: \_\_\_\_\_

Inscription desired: \_\_\_\_\_

\_\_\_\_\_

**Pallbearer Suggestions (Name and Phone Number)**

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_



**Music preferences**

Songs (Attach additional pages if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No music: \_\_\_\_\_

Pre-recorded music: \_\_\_\_\_

Song Preferences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Soloist (specify instrument): \_\_\_\_\_

Musician(s) (specify instruments): \_\_\_\_\_

Congregational singing: \_\_\_\_\_

**Requested readings, poetry or religious text:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Flowers**

Casket spray: \_\_\_\_\_ Lid arrangement: \_\_\_\_\_ Standing spray: \_\_\_\_\_

Matching baskets: \_\_\_\_\_

Specialty pieces (i.e., floral hearts or religious symbols): \_\_\_\_\_

Other (please explain): \_\_\_\_\_

**No Flowers**

In lieu of flowers, memorial donations to the following organizations, ministries and/or charities:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Obituary (Attach separate page if writing own obituary)**

Hobbies and/or personal interests: \_\_\_\_\_

\_\_\_\_\_

Clubs: \_\_\_\_\_

Lodges: \_\_\_\_\_

Membership in organizations: \_\_\_\_\_

Church affiliation and activities: \_\_\_\_\_

Military Service: \_\_\_\_\_

Special recognition and/or achievements: \_\_\_\_\_

\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

Survived by (additional pages may be added): name, relationship, city & state

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pre-deceased by name, relationship, year of death. Attach additional pages if necessary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any specific information you do NOT wish to be shared?

\_\_\_\_\_

\_\_\_\_\_

**Important Contacts and Information (name and phone number)**

Estate Executor/Administrator: \_\_\_\_\_

Lawyer: \_\_\_\_\_

Accountant: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Stockbroker: \_\_\_\_\_

Name of Bank(s): \_\_\_\_\_

**Account Number(s)**

Savings: \_\_\_\_\_

Checking: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Safe Deposit Box Number: \_\_\_\_\_

ATM/Debit Card Number: \_\_\_\_\_

Certificate of Deposit Maturity Date \_\_\_\_\_

Certificate of Deposit Maturity Date \_\_\_\_\_

IRA: \_\_\_\_\_

Pension(s): \_\_\_\_\_

**Credit Cards**

MasterCard Number: \_\_\_\_\_

Visa Number: \_\_\_\_\_

AMEX: \_\_\_\_\_

Discover: \_\_\_\_\_

Other: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_



**Doctor(s)**

Doctor - general: \_\_\_\_\_

Doctor - specialist(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dentist: \_\_\_\_\_

**Employment**

Current/Most Recent Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Former Employers: Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Hire Date: \_\_\_\_\_

**Volunteering:**

Organization Name: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Union Affiliation**

Union Name: \_\_\_\_\_

Local: \_\_\_\_\_

Member #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Serial #: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

**Location of Key Documents**

Will: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Citizenship Certificate: \_\_\_\_\_

Military Discharge Diplomas: \_\_\_\_\_

Insurance Policies: \_\_\_\_\_

Marriage Certificate: \_\_\_\_\_

Divorce Decree/Annulment: \_\_\_\_\_

Trust Documents: \_\_\_\_\_

Property Deed(s): \_\_\_\_\_

Vehicle Title(s): \_\_\_\_\_

Passport: \_\_\_\_\_

Social Security Card: \_\_\_\_\_

Safe Deposit Box Key: \_\_\_\_\_

Adoption Papers: \_\_\_\_\_

**Liabilities and Loans**

Lender Name

1st Mortgage: \_\_\_\_\_ Account #: \_\_\_\_\_

2nd Mortgage: \_\_\_\_\_ Account #: \_\_\_\_\_

Home Equity Line of Credit: \_\_\_\_\_ Account #: \_\_\_\_\_

Reverse Mortgage: \_\_\_\_\_ Account #: \_\_\_\_\_

Auto: \_\_\_\_\_ Account #: \_\_\_\_\_

Auto 2: \_\_\_\_\_ Account #: \_\_\_\_\_

Boat: \_\_\_\_\_ Account #: \_\_\_\_\_

RV: \_\_\_\_\_ Account #: \_\_\_\_\_

Motorcycle: \_\_\_\_\_ Account #: \_\_\_\_\_

Other(s): \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_