

Three Reasons to Seek Funeral Planning Help

A loved one has recently passed



**What Should I Know?
Who Can I Turn To?
Where Do I Start?**



Local Funeral Home and Cemetery Directory

A loved one has been diagnosed as terminally ill



**What Should I Know?
Who Can I Turn To?
Where Do I Start?**



Local Funeral Advisor and Counselor Directory

Pre-Planning my "end-of-life" plan



**What Should I Know?
Who Can I Turn To?
Where Do I Start?**



Your Three Best Ways To Pre-arrange a Funeral

Family Record Guide



“TO MY LOVED ONES”

“In creating this Family Record Guide, it is my sincere hope that you be spared from any worries, expenses, and inconveniences at the time of my death.

In this guide you will find information which I have recorded, including decisions I have made in advance.

If you will provide this information to my Funeral Home/Cemetery Director, everything can be conducted with my wishes.

In this booklet I have recorded our vital statistics, Estate information, memorial wishes, and other important information. This was prepared to relieve you from the anxiety and burden of making these decisions at a very difficult time.

With all my heart, I hope you find these arrangements to be as helpful as I intended. My sole purpose in assembling these all-important details is to make sure you can focus on what I would want, which is celebrating my life and the warm memories of the wonderful years we shared together.”

In loving memory,

By: _____

Date: _____



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VITAL STATISTICS

Name: _____

Address: _____

Sex: Male Female Phone #: _____

Race: _____

Social Security Number: _____

Place of Birth: _____ Date of Birth: _____

Marital Status:

 Married Never Married Widowed Divorced

Name of Surviving Spouse: _____

Occupation: _____

Employer: _____

Education (highest grade completed): _____

Degree(s): _____

Father's Name: _____ Place of Birth: _____

Mother's Maiden Name: _____ Place of Birth: _____

Contact Person Completing Arrangements
(Informant's Name): _____



ARMED FORCES INFORMATION

Branch of Service: _____ Service Serial Number: _____

Date Entered Service: _____ Place: _____

Type of Discharge from Service: _____ Date: _____

Place of Separation: _____

Location of Military Discharge Papers (DD214): _____

Highest Grade, Rank or Rating Received: _____

Wars / Conflicts Served: _____

Additional Information / Medals/ Honors / Citations: _____



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The IMPORTANCE OF A WILL AND/OR AN ESATE PLAN

If you die without a Will, your state law and the courts are the ones who determine who will administer your Estate, handle financial matters, and act as a Guardian for your minor children. However, by creating a Will you can choose your last wishes and preferences.

In some instances, joint ownership of property may not be a good substitute for a carefully drafted Will. As an example, if a common accident should cause both you and your spouse to pass together (before the survivor has had an opportunity to execute a proper Will), your property will pass according to your state law.

The law is very exacting in its requirements with respect to the publication, signing and witnessing of Wills. Therefore, it is strongly recommended that this matter be handled by a competent attorney. Homemade Wills often do not stand up in court.

Since our lives will always endure many changes, you should review your Will every few years, particularly if you have moved or your family situation has changed since you last executed a Will. State laws vary as to formal requirements and as to the rights of children and grandchildren born after a Will was executed.

There is an old saying that "*price is only relevant in the absence of value*". With that in mind, when you realize how much is at stake here...the well-being of you, your entire family and the protection of your hard-earned wealth and legacy...we firmly believe that the fees you pay your Estate Planning Attorney for planning your Estate will be one of the best investments you have ever made!

ESTATE INFORMATION

I have a Will: Yes No

Date of Will: _____

Location of Will: _____

Executor/Executrix:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone #: _____

Prepared by (attorney): _____

Address: _____

City: _____ State: _____

Zip: _____ Phone #: _____



FINANCIAL INFORMATION

BANKING

Bank: _____ Branch: _____

Account #: _____

Bank: _____ Branch: _____

Account #: _____

Bank: _____ Branch: _____

Account #: _____

Bank: _____ Branch: _____

Account #: _____

Bank: _____ Branch: _____

Account #: _____

Bank: _____ Branch: _____

Account #: _____

Other: _____ Branch: _____

Account #: _____

Other: _____ Branch: _____

Account #: _____

Other: _____ Branch: _____

Account #: _____

Other: _____ Branch: _____

Account #: _____

Safety Deposit Location: _____

Box #: _____ Key Location: _____

Safety Deposit Location: _____

Box #: _____ Key Location: _____



CREDIT CARDS

Card Type: _____	Account #: _____
Expiration Date: _____	
Card Type: _____	Account #: _____
Expiration Date: _____	
Card Type: _____	Account #: _____
Expiration Date: _____	
Card Type: _____	Account #: _____
Expiration Date: _____	
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Expiration Date: _____	
Card Type: _____	Account #: _____
Expiration Date: _____	
Card Type: _____	Account #: _____
Expiration Date: _____	



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INSURANCE

Location of Policy/Polices: _____

Type of policy (Term, Whole Life, etc.): _____

Name of Insurance Company: _____ Policy#: _____

Beneficiary: _____

Location of Policy/Polices: _____

Type of policy (Term, Whole Life, etc.): _____

Name of Insurance Company: _____ Policy#: _____

Beneficiary: _____

Location of Policy/Polices: _____

Type of policy (Term, Whole Life, etc.): _____

Name of Insurance Company: _____ Policy#: _____

Beneficiary: _____

Location of Policy/Polices: _____

Type of policy (Term, Whole Life, etc.): _____

Name of Insurance Company: _____ Policy#: _____

Beneficiary: _____

Location of Policy/Polices: _____

Type of policy (Term, Whole Life, etc.): _____

Name of Insurance Company: _____ Policy#: _____

Beneficiary: _____

Location of Policy/Polices: _____

Type of policy (Term, Whole Life, etc.): _____

Name of Insurance Company: _____ Policy#: _____

Beneficiary: _____

Location of Policy/Polices: _____

Type of policy (Term, Whole Life, etc.): _____

Name of Insurance Company: _____ Policy#: _____

Beneficiary: _____

Location of Policy/Polices: _____

Type of policy (Term, Whole Life, etc.): _____

Name of Insurance Company: _____ Policy#: _____

Beneficiary: _____



REAL ESTATE HOLDINGS

Description: _____

Deed Location: _____

Description: _____

Deed Location: _____

Description: _____

Deed Location: _____

Description: _____

Deed Location: _____

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Deed Location: _____

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Deed Location: _____

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Deed Location: _____



OTHER FINANCIAL ASSETS
(Mutual Funds, Stocks, Bonds, Etc.)

Type/Description: _____

Location: _____

Type/Description: _____

Location: _____

Type/Description: _____

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Location: _____

Type/Description: _____

Location: _____



PERSONAL BEQUESTS

Please list all family heirlooms and items of sentimental value below:

Article

Beneficiary

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SOCIAL SECURITY INFORMATION

Social Security Number of: _____

SSN#: _____

Address of Nearest Social Security Office: _____

Phone #: _____

A lump sum payment may be made when an eligible person dies. This payment can only be made if there is an eligible surviving widow, widower, or entitled child. Also, survivor's checks may go to certain members of a worker's family.

To facilitate receiving Social Security benefits, you will need the following when you contact your Social Security Office:

Social Security Number	W2 for the previous two years.
Marriage License	Proof of widow's age if 62 or older
Children's Birth Certificates	Certified Copy of Death Certificate

An application for the lump sum death payments usually must be made within two years after the worker's death. Don't delay applying because you don't have all the proof of information. The people in the Social Security Office will tell you about other proof of information that can be used when you apply.

It is a good idea to check your record every three years to make sure that earnings are being correctly reported to your record.

Social Security Administration Toll-Free Phone
Number

1-800-772-1213

VETERANS' BURIAL BENEFITS

Veterans Burial Allowance

The U.S. Department of Veterans Affairs (VA) furnishes a partial reimbursement of eligible veterans' burial and funeral costs. When the cause of death is not service related, the reimbursement is generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot interment allowance. You may be entitled to a VA burial allowance if:

- You paid for a veteran's burial or funeral AND
- You have not been reimbursed by another government agency or some other source, such as the deceased Veteran's employer AND
- The veteran was discharged under conditions other than dishonorable.

In addition, at least one of the following conditions must be met:

- The veteran died because of a service-related disability OR
- The veteran was getting VA pension or compensation at the time of death OR
- The veteran was entitled to receive VA pension or compensation but decided not to reduce his/her military retirement or disability pay OR
- The veteran died in a VA hospital or while in a nursing home under VA contract.

Service related death. The VA will pay an allowance toward burial expenses.

Non service related death. The VA will pay an allowance toward burial and funeral expenses, and a plot interment allowance. If death happened while the veteran was in a VA hospital or under contracted nursing care, the cost of moving the deceased may be reimbursed.

Headstones & Markers

- The VA furnishes upon request, at no charge to the applicant, a Government headstone or marker for the unmarked grave of an eligible veteran in any cemetery around the world.
- Flat bronze, granite or marble markers and upright granite and marble headstones are available.
- The style chosen must be consistent with existing monuments at the place of burial. Niche markers are also available to mark columbaria used for inurnment of cremated remains.

Burial Flags

Most veterans are eligible for a burial flag. Reservists entitled to retired pay are also eligible to receive a burial flag.

To facilitate receiving veteran benefits for which you may be eligible, you will need the following when you contact the Veterans Administration Office:

- Proof of the veteran's military service (DD214)
- Service Serial Number
- Marriage License (if applicable)
- Children's birth Certificate (if applicable)
- Certified Copy of the Death Certificate

Veterans' Administration Toll-Free Phone
Number

1-800-827-1000



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MEDICAL HISTORY

This information may become very important for your spouse, children and grandchildren. It is also suggested that you keep an updated copy of your medical records for your family, as physicians often ask for it.

I have had treatment for:

Cancer: _____
Tuberculosis: _____
Kidney Disorder: _____
Diabetes: _____
Circulatory Problems: _____
Heart Disease: _____
Other: _____

I am allergic to the following drugs:

1. _____ 3. _____
2. _____ 4. _____

Physician: _____ Phone: _____
Address: _____

I have a Living Will: Yes No
Location of Document: _____

Additional Remarks: _____

I am an Organ Donor: Yes No

Additional Remarks: _____



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FUNERAL SERVICE REQUESTS

The following is an expression of my Funeral Service preferences:

Funeral Home/Mortuary/Crematorium Preferred:

Address: _____ Phone #: _____

Place of Service: _____

Religious Preference: _____ Celebrant/Clergyman: _____

Participating Organizations (military, fraternal, lodge, etc.): _____

Flag: Draped _____ Folded _____ Presented to: _____

Wake/Rosary Service: Yes _____ No _____

Location: _____ Officiator: _____

Viewing: Public _____ Private _____ None _____

Casket: Open _____ Closed _____

Type of Casket: _____

Description: _____

Clothing Preference: _____

Personal Accessories:

Wedding Band Stays On _____ Returns To: _____

Eyeglasses Stays On _____ Returns To: _____

Other _____

Floral Preference: _____

Memorial Donations may be made to: _____

Music: _____ Organist: _____ Soloist: _____

Musical Selections: _____

Religious Passages Selected: _____

Eulogy by: _____ Notations for Eulogy: _____

Newspaper Notices: _____

Pallbearer's : _____



CEMETERY AND MEMORIAL REQUESTS

Memorial Park/Cemetery Preferred: _____

Address: _____

Phone #: _____

I Own Do Not Own

Type of Arrangements:

Family Estate Companion Single

Type of Burial Rights

Mausoleum Lawn Crypt Ground Burial Cremation

Name of Person Who Interment Rights are Deeded to: _____

Legal Description of Burial rights: _____

Location of Deed: _____

Outer Burial Container: _____

Memorial Description: _____

Family Present During Closing of Property? Yes No

Opening and Closing of Property: Prepaid

I have "Essential Care": Yes No

Name of Plan: _____ Contact#: _____

Participant: _____

Additional Remarks/Special Instructions: _____



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CHILDREN / GRANDCHILDREN / RELATIVES

Name: _____
Relationship: _____ Phone#: _____
Address: _____

Name: _____
Relationship: _____ Phone#: _____
Address: _____

Name: _____
Relationship: _____ Phone#: _____
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CHILDREN / GRANDCHILDREN / RELATIVES

Name: _____
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PEOPLE TO BE NOTIFIED

Name	Relationship	Phone#
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ORGANIZATIONS TO BE NOTIFIED

Name of Organization: _____

Contact Person: _____ Phone #: _____

Name of Organization: _____

Contact Person: _____ Phone #: _____

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Name of Organization: _____

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Contact Person: _____ Phone #: _____

Name of Organization: _____

Contact Person: _____ Phone #: _____



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LEGACY INFORMATION / BIOGRAPHICAL SKETCH

Every individual is deserving of a meaningful obituary written in their memory. It is here that you may list those achievements and accomplishments that have been of pride to you and your loved ones.

Early childhood and upbringing: _____

Adolescent years: _____

Early adulthood: _____

My proudest family moments: _____

My proudest career accomplishments: _____

My proudest civic accomplishments / involvements: _____

Special Achievements / Awards / Offices Held: _____

TO MY FAMILY

I have completed this guide and made arrangements for the sole purpose of relieving you, as much as possible, of the emotional and financial burdens you may experience, so you can celebrate my life! I LOVE YOU!

Signed: _____

Date: _____



SPECIAL INSTRUCTIONS & INFORMATION

These last pages are provided for your use to update this guide with additional information or special instructions. We do suggest that you use these pages to keep your guide current. We also recommend that you always date these entries to avoid any possible confusion later.

<u>Special Instructions & Information</u>	<u>Date</u>
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TO MY LOVED ONES RESPONSIBLE FOR MY FINAL
ARRANGEMENTS

Names(s): _____

In calm recognition of the inevitable, I have given significant thought to my personal wishes concerning my final arrangements. This Family Record Guide contains the arrangements I would appreciate. Again, my intent is to minimize the emotional and financial strain for all the loved ones I've left behind.

As difficult as it has been for me to record these end-of-life details, arrangements, and preferences, please know that these decisions were made with the intent of providing your "peace of mind" related to my personal and financial matters, and specific wishes. So it is through these wishes that I hope to avoid any confusion, extra expense, or unnecessary events.

This guide is meant to serve as a small token of my love and appreciation for sharing my life with you...which I can honestly say makes me feel both lucky and blessed!!

God Bless You All,

By: _____

Date: _____

