Planning Guide

THOUGHTFUL DECISIONS

DEAR LOVED ONES

I prepared this guide for you and those I care about. Inside, you will find a brief overview of my life, a listing of those most dear to me, and some of my most precious memories. For your peace of mind, as well as my own, I have included wishes for my funeral service along with other vital information you will need at the time of my death. I completed this guide with much love and foresight. My desire is to lessen the burdens you will have at my time of passing so that you can celebrate our life together.
VITAL STATISTICS

Full legal name (first, middle, last):

Address: ___________________________________________________________

City: __________________________________________ State: __________ Zip code: __________

Phone: ____________________________ E-mail: ____________________________

Sex: ____________________________ Race: ____________________________ Date of birth: ____________________________

Birthplace (city & state): ___________________________________________________________

Education level completed: __________________________________________ Social Security number: ____________________________

Veteran: ☐ Yes ☐ No Branch: __________________________________________

Rank at discharge: __________________________________________ Service number: ____________________________

Enlistment date & place: __________________________________________

Discharge date & place: __________________________________________

Location of military discharge papers: __________________________________________

Spouse’s name (if wife, please give maiden name): __________________________________________

Father’s name (first, middle, last): __________________________________________

Birthplace of father: __________________________________________

Mother’s maiden name (first, middle, last): __________________________________________

Birthplace of mother: __________________________________________

HISTORICAL INFORMATION

In community since: ____________________________ Date & place married: ____________________________

Occupation (former, if retired): ____________________________ Employer: ____________________________

Number of years employed: ____________________________ City & state: ____________________________

Organization memberships (fraternal & other): __________________________________________

Church: __________________________________________

Additional information: __________________________________________

PERSONAL INFORMATION

Location of important papers: ____________________________

Will and/or trusts: ☐ Yes ☐ No Location(s): ____________________________

Life insurance policies: ☐ Yes ☐ No Location(s): ____________________________

Cemetery property deed: __________________________________________

Funeral arrangement documents: __________________________________________

Safe deposit box: __________________________________________

PRECEDED IN DEATH BY:

NAME __________________________________________ RELATION: ____________________________

IMMEDIATE FAMILY:

RELATION NAME CITY & STATE PHONE

OTHER FAMILY MEMBERS:

RELATION NAME CITY & STATE PHONE

AUTHORIZATION

I, __________________________________________, do hereby certify and acknowledge that the information

recorded herein was personally given to ____________________________ representing ____________________________

Funeral Home.

I understand that the information recorded herein is on file at the funeral home listed above.

Authorized signature ____________________________ Date ____________________________

Counselor’s signature ____________________________ Date ____________________________
**VITAL STATISTICS**

Full legal name (first, middle, last):______________________________________________________________________

Address: ________________________________________________________________________________________________

City: ___________________________ State: ___________ Zip code: ___________________________

Phone: ___________________________ E-mail: ________________________________________________________________

Sex: ___________________________ Race: ___________________________ Date of birth: ___________________________

Birthplace (city & state): ___________________________ Social Security number: ___________________________

Education level completed: ___________________________ Veteran: ❑ Yes ❑ No Branch: __________________________________________________________________________

Rank at discharge: ___________________________ Service number: ___________________________

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Father’s name (first, middle, last): _________________________________________________________________________

Birthplace of father: ___________________________________________________________________________________

Mother’s maiden name (first, middle, last): _________________________________________________________________________

Birthplace of mother: ___________________________________________________________________________________

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**FAMILY & FRIENDS**

**IMMEDIATE FAMILY:**

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<th>RELATION</th>
<th>NAME</th>
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**OTHER FAMILY MEMBERS:**

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**PRECEDED IN DEATH BY:**

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Life insurance policies: ❑ Yes ❑ No Location(s): ________________________________________________________________

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<th>POLICY AMOUNT</th>
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Cemetery property deed: ________________________________________________________________

Funeral arrangement documents: ________________________________________________________________

Safe deposit box: ________________________________________________________________

Additional information: ________________________________________________________________

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