

Thoughtful Decisions

Planning Guide



A K E E P S A K E P O R T F O L I O

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 burden 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 _____

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 _____

Veteran Yes No Branch _____

Rank at Discharge _____ Service Number _____

Enlistment Date & Place _____

Discharge Date & Place _____

Location of Military Discharge Papers _____

HISTORICAL INFORMATION

In Community Since _____ Date & Place Married _____

Occupation (former, if retired) _____ Employer _____

Number of Years Employed _____ City & State _____

Organization Memberships (fraternal & other) _____

Church _____ City _____

Additional Information _____

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 _____

Prearrangement Specialist's Signature _____ Date _____

FAMILY & FRIENDS

IMMEDIATE FAMILY:

RELATION	NAME	E-MAIL	CITY & STATE	PHONE

OTHER FAMILY MEMBERS:

RELATION	NAME	E-MAIL	CITY & STATE	PHONE

PRECEDED IN DEATH BY

NAME	RELATION

PERSONAL INFORMATION

Location of Important Papers _____

Will and/or Trusts Yes No Location(s) _____

Living Will Yes No Location(s) _____ Who _____

Healthcare Directives Yes No Location(s) _____

Power of Attorney Yes No Location(s) _____ Who _____

INSURANCE COMPANY	REASON PURCHASED	POLICY NUMBER	POLICY AMOUNT

Life Insurance Policies Yes No Location(s) _____

Cemetery Property Deed Location(s) _____

Funeral Arrangement Documents Location(s) _____

Bank Location(s) _____ Safe Deposit Box Yes No

Additional Information _____

PERSONAL WISHES FOR FUNERAL SERVICE

Following a loss, a family requires healing and closure, and a meaningful funeral is a very important part of this process. A healing tribute includes three essential elements:

A gathering. A gathering allows family and friends to meet informally to give and receive love, comfort, and support from one another. The gathering may include a visitation, viewing, fellowship meal, informal memory sharing time, or any combination of the above.

A ceremony with religious or spiritual overtones. An organized ceremony offers a dignified tribute in honor of the deceased and helps the grieving family search for meaning in loss. The tribute may include religious or spiritual elements that offer hope such as readings from sacred texts, special music, meaningful letters or notes, and memories of a lasting legacy.

A procession to the final resting place. For the family, a procession is a strong symbol of unity, support, and acknowledgement that something important has occurred. There is also finality in laying the body to rest which provides a point of closure and gives loved ones a place to return to in the future to search for further meaning.

HOW DO YOU WANT TO BE REMEMBERED?

PLACE OF VISITATION/GATHERING

- Private Family Viewing Viewing/Visitation/Wake Open Casket Closed Casket Memorial Portrait
 Memory Sharing Time Memorial Picture Board Video Tribute Memorial Display Items Fellowship Meal

A CEREMONY WITH RELIGIOUS OR SPIRITUAL OVERTONES

- Memorial Service (after burial or cremation) Funeral Service (before burial or cremation)
 Graveside Service (burial or cremation) Location of Service _____
 Eulogy Presented By _____ Other Speakers _____
 Music _____
 Readings _____
 Other Personalization Options _____
Focal Point for the Service Closed Casket Ceremonial Urn Framed Picture Other _____
Type of Casket _____ Type of Urn _____
Clothing Description _____ Jewelry On Off Give To _____
Embalming Yes No Standard Embalming Eco-Friendly Embalming
Pallbearers _____

FINAL RESTING PLACE

- Disposition Burial Cremation
Cemetery Property Location _____ Purchased Lot? Yes No
If Yes, Lot/Niche Description Section _____ Lot No. _____ Space No. _____
Deed Owner _____
 Companion Individual Mausoleum Columbarium Other _____
Vault Steel Concrete Description _____
Permanent Memorial Marker Bronze Marble Granite Upright Ground Level
Inscription _____
Additional Information/Instructions _____
Newspapers to Notify _____
Memorial Contributions To _____

