



# Time to Reflect

**Your Personal Funeral Planning Guide**



# My personal history

*By recording your personal history and funeral preferences, you will help your loved ones in their time of need.*

## 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)	Y <input type="checkbox"/> N <input type="checkbox"/>	
Father's name	Deceased (check one)	Y <input type="checkbox"/> N <input type="checkbox"/>	
Mother's maiden name	Deceased (check one)	Y <input type="checkbox"/> N <input type="checkbox"/>	

## PROFESSIONAL HISTORY

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

## 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)    Y     N

Branch of Military

Rank

Service number

Enlistment date

Discharge date

Discharge papers enclosed (check one)    Y     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

*Help simplify matters by providing pertinent details to family members.*

## 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)

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Attorney's name

Safe deposit box location

Executor of estate

Address

Phone

Do you have a will? (check one)    Y     N

Location of will and any additional pertinent information

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***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

*Your family will be consoled knowing they are fulfilling your final requests.*

## 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

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### 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)**

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**PALL BEARER'S NAMES**

Name	Relationship	Name	Relationship
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<hr/>	<hr/>	<hr/>	<hr/>

**MEMORIAL CONTRIBUTION DESIGNATION**

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Organization name	City/State
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Organization name	City/State

**ADDITIONAL INFORMATION**

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*I have set aside funds for my funeral plan.*

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Provider's name and address