



Personal Planning Guide



*The death of a loved one is difficult to embrace.
Creating a living legacy helps the healing process.*

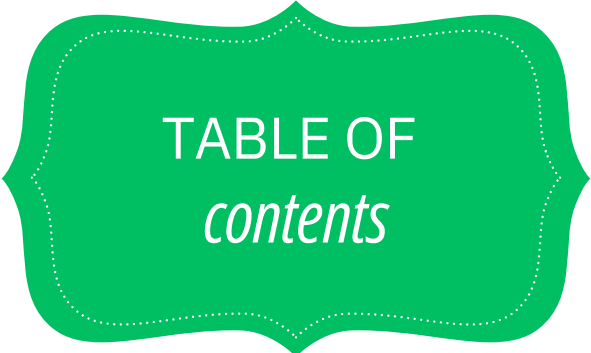


TABLE OF *contents*

IMPORTANT INFORMATION 3

YOUR LEGACY 4

GENEALOGY / FAMILY HISTORY 5

SERVICE PREFERENCES 6-7

MEMORIALIZATION PREFERENCES 8-9

TRANSPORTATION & RELOCATION
PROTECTION PLAN INFORMATION 10

ORGANIZATIONS TO CONTACT 10

PEOPLE TO CONTACT 11

SOCIAL SECURITY INFORMATION 12

MILITARY SERVICE 12

ESTATE INFORMATION 13

WILL INFORMATION 13

FINANCIAL INFORMATION 14-15

ONLINE PROFILES 16

FINAL ARRANGEMENT COMPLETION 17

TO MY LOVED ONES 18

ASSISTING FAMILY AND FRIENDS 19

IMPORTANT INFORMATION

NAME:

FIRST

MIDDLE

LAST

CONTACT INFORMATION:

STREET ADDRESS

CITY/COUNTY

STATE

ZIP

EMAIL ADDRESS(ES)

PHONE NUMBER(S)

SEX: ☐ Male ☐ Female

SOCIAL SECURITY NUMBER: _____ - _____ - _____

PLACE OF BIRTH:

DATE OF BIRTH:

CITY/COUNTY

STATE

ZIP

____ / ____ / ____

MARITAL STATUS: ☐ Married – Date (MM/DD/YYYY) ____ / ____ / ____ ☐ Never Married ☐ Widowed ☐ Divorced

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

CAREER:

OCCUPATION

TYPE OF BUSINESS/INDUSTRY

EMPLOYER

PHONE NUMBER

EDUCATION: (Highest grade completed) ☐ Elementary/Secondary (0–12) ☐ College (1–4 or 5+)

COLLEGE/UNIVERSITY NAME(S)

DEGREE(S)

MILITARY SERVICE: Have you ever been a member of the armed forces? ☐ Yes ☐ No (If yes, complete 'Military Service' on p. 12)

FATHER:

FIRST NAME

MIDDLE NAME

LAST NAME

PLACE OF BIRTH

MOTHER:

FIRST NAME

MIDDLE NAME

MAIDEN NAME

PLACE OF BIRTH

INFORMANT INFORMATION: (Person responsible for completing arrangements)

NAME

RELATIONSHIP

STREET ADDRESS

CITY/COUNTY

STATE

ZIP

EMAIL ADDRESS(ES)

PHONE NUMBER(S)

YOUR LEGACY

My fondest childhood memories:

Sharing your accomplishments, special memories and favorite things will allow them to be remembered and cherished by generations to come.

My earliest ambitions:

Things that make me smile:

My proudest family moments:

My proudest career accomplishments:

Special achievements/awards/offices held / additional points of interest and memories:

My favorite songs:

My favorite color:

Pastimes and hobbies I enjoy:

Other favorite things:

GENEALOGY/FAMILY HISTORY

*This page will serve as a reference and
reminder of your unique lineage.*

family of:

NAME

My grandparents:

My parents:

My siblings:

My spouse:

--	--

My children:

My grandchildren:

SERVICE PREFERENCES

A memorial service is a time for family and friends to gather and remember. When you plan your service in advance, your tribute can be a unique and personal reflection of you.

PREFERRED FUNERAL HOME:

NAME OF FUNERAL HOME _____

STREET ADDRESS _____

CITY/COUNTY _____

STATE ZIP _____

PHONE _____

EMAIL/WEB ADDRESS _____

TYPE OF SERVICE: ☐ Funeral ☐ Cremation ☐ Memorial ☐ Other _____

PLACE OF SERVICE:

☐ Funeral Home ☐ Church/Chapel ☐ Cemetery Chapel ☐ Cemetery Graveside ☐ Synagogue/Temple ☐ Other _____

SERVICE PREFERENCE: ☐ Religious ☐ Non-religious ☐ Celebrant/Clergy/Speaker _____

OTHER PERSONAL OR RELIGIOUS PREFERENCES _____



keepsake

A is a unique token for guests to take with them following a service. It can represent a cherished memory, special event or beloved hobby. Perhaps it's an engraved golf ball, a seed packet or something that was part of a personal collection.

What are some special reminders of you?

KEEPSAKES FOR GUESTS _____

SPECIAL THEME OR DÉCOR _____

SELECTED READINGS (poetry, religious passages or other special selections) _____

MUSICIANS _____

MUSICAL SELECTIONS _____

A floral theme close to your heart.

From colorful blooms to elegant displays, flowers can say so much.

FLORAL PREFERENCES _____

SERVICE PREFERENCES

TYPE OF CASKET: ☐ Hardwood ☐ Cremation/Ceremonial Casket ☐ All Wood Construction

☐ Selected and paid on ____ / ____ / ____ ☐ Selected and have not paid

TYPE OF URN: ☐ Wood ☐ Other _____

PARTICIPATING ORGANIZATIONS: (military, fraternal, lodge, etc.)

ORGANIZATION NAME(S) _____

OBITUARY: ☐ Newspaper(s) _____

☐ Online _____ ☐ Other _____

FLAG: ☐ Draped ☐ Folded ☐ Presented to _____

WAKE/ROSARY: ☐ Yes ☐ No ☐ Location _____ ☐ Officiant _____

VISITATION: ☐ Yes ☐ No | ☐ Public ☐ Private

CLOTHING PREFERENCE: ☐ From current wardrobe ☐ New

CLOTHING DESCRIPTION ☐ Stays on ☐ Returns to family

JEWELRY DESCRIPTION ☐ Stays on ☐ Returns to family

EYEGLASSES DESCRIPTION ☐ Stays on ☐ Returns to family

OTHER/DESCRIPTION ☐ Stays on ☐ Returns to family

MEMORIAL DONATIONS TO:

SERVICE REQUESTS:

RECEPTION:

LOCATION

CATERING

HOSPITALITY

ENTERTAINMENT

ADDITIONAL REQUESTS

Favorite touches can make a service personal and meaningful. A special meal, the reading of a treasured verse or music you've always enjoyed—make your service a personal reflection of you.



MEMORIALIZATION PREFERENCES

*Preserve your legacy and leave family and friends
a lasting place to reflect and remember.*

PREFERRED MEMORIAL PARK/CEMETERY:

NAME OF MEMORIAL PARK/CEMETERY

STREET ADDRESS

CITY/COUNTY

STATE ZIP

PHONE

EMAIL/WEB ADDRESS

TYPE OF ARRANGEMENTS: ☐ Family Estate ☐ Companion ☐ Single ☐ Other _____

☐ Selected and paid on ____/____/____ ☐ Selected and have not paid



*Choose a special place of lasting
remembrance where family and friends
can visit and reflect.*

TYPE OF INTERMENT RIGHTS:

- ☐ Ground Burial
☐ Cremation Garden ☐ Other _____
☐ Selected and prepaid on ____/____/____
☐ Selected and have not paid

NAME OF OWNER OF INTERMENT RIGHTS

LEGAL DESCRIPTION OF INTERMENT RIGHTS

LOCATION OF CERTIFICATE OF OWNERSHIP

TYPE OF CEMETERY SERVICE:

OPENING AND CLOSING (Quantity/Description)

- ☐ Selected and prepaid on ____/____/____
☐ Selected and have not paid

Most of us don't realize
how important *remembrance* is
to those who love us.

MEMORIALIZATION PREFERENCES

MEMORIALIZATION:

☐ Veteran Memorial ☐ Granite Plaque ☐ Other _____

INSCRIPTION/EMBLEM

Selected and prepaid on ____ / ____ / _____ ☐ Selected and have not paid

*Leave a permanent tribute
that celebrates special memories
and family heritage.*

PERSONAL REQUESTS:

Family present during closing upon
conclusion
of Committal Service: ☐ Yes ☐ No

Release of:

☐ Doves ☐ Butterflies ☐ Balloons
☐ Other _____

ADDITIONAL REQUESTS:

MILITARY HONORS:

FLORAL PLACEMENT SERVICE:

MONTH _____	TYPE _____
MONTH _____	TYPE _____
MONTH _____	TYPE _____
MONTH _____	TYPE _____

From a serene outdoor setting to
the elegance of an enclosed
mausoleum, your final resting
place can reflect
your special life and story.



TRANSPORTATION & RELOCATION PROTECTION PLAN* INFORMATION

*The Transportation & Relocation Protection Plan helps families cope with the unexpected.
With just one phone call, you can take care of everything you need to bring a loved one home.*

TRANSPORTATION & RELOCATION PROTECTION PLAN: ☐ Yes ☐ No

CONTRACT NUMBER		BENEFICIARY	
NAME OF RECEIVING FUNERAL HOME			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE		EMAIL/WEB ADDRESS	

ORGANIZATIONS TO CONTACT

Use this area to note any organizations or groups that may need to be notified upon your passing.

NAME OF ORGANIZATION			
CONTACT PERSON			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE		EMAIL/WEB ADDRESS	

NAME OF ORGANIZATION			
CONTACT PERSON			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE		EMAIL/WEB ADDRESS	

NAME OF ORGANIZATION			
CONTACT PERSON			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE		EMAIL/WEB ADDRESS	

NAME OF ORGANIZATION			
CONTACT PERSON			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE		EMAIL/WEB ADDRESS	

PEOPLE TO CONTACT

Use this area to note family, friends, coworkers and others you would like to be notified of your passing.

NAME

ADDRESS

CITY

ST ZIP

PHONE

EMAIL

NAME

ADDRESS

CITY

ST ZIP

PHONE

EMAIL

NAME

ADDRESS

CITY

ST ZIP

PHONE

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PHONE

EMAIL

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ADDRESS

CITY

ST ZIP

PHONE

EMAIL

NAME

ADDRESS

CITY

ST ZIP

PHONE

EMAIL

SOCIAL SECURITY INFORMATION

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

1. Social Security Number
2. Marriage License
3. Children's Birth Certificates
4. W2 for the previous two years
5. Proof of widow(er)'s age if 62 years or older
6. Certified Copy of Death Certificate

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.

An application for the lump sum death payment 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

1-800-772-1213 | www.ssa.gov



MILITARY SERVICE

BRANCH OF SERVICE

SERVICE SERIAL NUMBER

____/____/____ DATE ENTERED SERVICE PLACE

TYPE OF SEPARATION OR DISCHARGE OF SERVICE

____/____/____ DATE PLACE OF SEPARATION

LOCATION OF MILITARY DISCHARGE PAPERS (DD-214)

HIGHEST GRADE, RANK OR RATING RECEIVED

WARS/CONFLICTS SERVED

ADDITIONAL INFORMATION/MEDALS/HONORS/CITATIONS

ESTATE INFORMATION

Importance of a Will

If you die without a will, state law and the courts may determine who will administer your estate, handle financial matters and act as guardian for your minor children . With a will, you decide .

In some instances, joint ownership of property may not be a good substitute for a carefully drafted will . For instance, if you and your spouse died as a result of a common accident, before the survivor had an opportunity to execute a proper will, your property would pass to whom/what according to state law . The law is very exacting in its requirements with respect to the publications, signing and witnessing of wills . It is recommended that this matter be handled by a competent attorney . Homemade wills may not stand up in court .

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 .

When you realize how much is at stake — the well-being of your entire family and the protection of your property — we believe that you will find that the attorney's fee for drafting your will and planning your estate is a worthwhile investment .

MY WILL

I HAVE A WILL: ☐ No ☐ Yes – Date of Will (MM/DD/YYYY) ____ / ____ / ____

LOCATION OF WILL: ☐ At home ☐ Attorney's office ☐ Other _____

EXECUTOR/EXECUTRIX:

NAME

STREET ADDRESS

CITY/COUNTY

STATE ZIP

PHONE

EMAIL ADDRESS

PREPARED BY:

NAME

STREET ADDRESS

CITY/COUNTY

STATE ZIP

PHONE

EMAIL ADDRESS



FINANCIAL INFORMATION

BANKING:

BANK NAME	BRANCH
Type of account: <input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Other _____	

USERNAME	PASSWORD
----------	----------

BANK NAME	BRANCH
Type of account: <input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Other _____	

USERNAME	PASSWORD
----------	----------

BANK NAME	BRANCH
Type of account: <input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Other _____	

USERNAME	PASSWORD
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CREDIT CARDS:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Other _____

ACCOUNT NUMBER	EXPIRATION DATE
----------------	-----------------

USERNAME	PASSWORD
----------	----------

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Other _____

ACCOUNT NUMBER	EXPIRATION DATE
----------------	-----------------

USERNAME	PASSWORD
----------	----------

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Other _____

ACCOUNT NUMBER	EXPIRATION DATE
----------------	-----------------

USERNAME	PASSWORD
----------	----------

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Other _____

ACCOUNT NUMBER	EXPIRATION DATE
----------------	-----------------

USERNAME	PASSWORD
----------	----------

FINANCIAL INFORMATION

LIFE INSURANCE / BENEFITS:

LOCATION OF POLICY

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ Other _____

NAME OF COMPANY

PHONE

POLICY NUMBER

BENEFICIARY

AMOUNT

LOCATION OF POLICY

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ Other _____

NAME OF COMPANY

PHONE

POLICY NUMBER

BENEFICIARY

AMOUNT

REAL ESTATE HOLDINGS:

DESCRIPTION

ADDRESS

DEED LOCATION

DEED HOLDING INSTITUTION

DESCRIPTION

ADDRESS

DEED LOCATION

DEED HOLDING INSTITUTION

FINANCIAL ASSETS:

TYPE / DESCRIPTION

LOCATION

COMPANY CONTACT

PHONE

PERSONAL REQUESTS

OTHER LOAN INFORMATION:

ONLINE PROFILES

List your email, social media accounts or other important login information.

ACCOUNT NAME

WEB ADDRESS / URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS / URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS / URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS / URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS / URL

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OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS / URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS / URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS / URL

USERNAME

PASSWORD

OTHER INFORMATION

FINAL ARRANGEMENT COMPLETION

This check sheet is designed to help you and your family have an understanding of which specific arrangements you have already made and what arrangements are yet to be taken care of.

It is important to update this document each time add-on arrangements are completed . Your funeral/cemetery professional will initial each part of the arrangement that you complete . If you choose to cancel payment for specific arrangements, those arrangements will cease to be in effect and will have to be arranged on a pre-need basis to be active, or arranged at the time of need .

☐ GENERAL PRICE LIST

☐ INTERMENT RIGHTS

☐ Ground Burial
☐ Cremation

DATE SELECTED
____ / ____ / ____

☐ PERSONAL PREFERENCES

☐ Flowers ☐ Music/Readings
☐ Additional

DATE SELECTED
____ / ____ / ____

☐ MEMORIALIZATION

DATE SELECTED
____ / ____ / ____

☐ CEMETERY/SERVICE FEES

DATE SELECTED
____ / ____ / ____

☐ FUNERAL/MEMORIAL SERVICE

DATE SELECTED
____ / ____ / ____

☐ CASKET/URN

DATE SELECTED
____ / ____ / ____

☐ TRANSPORTATION & RELOCATION PROTECTION PLAN

DATE SELECTED
____ / ____ / ____

ASSISTING FAMILY AND FRIENDS

*If you have friends or family members who you believe might find this planner helpful,
please record their contact information here.*

NAME OF RELATIVE/FRIEND _____

PHONE _____ NUMBER OF CHILDREN _____

ADDRESS _____

CITY _____ ST ZIP _____

RELATIONSHIP _____

FRIEND _____

SUGGESTED BY _____

NAME OF RELATIVE/FRIEND _____

PHONE _____ NUMBER OF CHILDREN _____

ADDRESS _____

CITY _____ ST ZIP _____

RELATIONSHIP _____

FRIEND _____

SUGGESTED BY _____

NAME OF RELATIVE/FRIEND _____

PHONE _____ NUMBER OF CHILDREN _____

ADDRESS _____

CITY _____ ST ZIP _____

RELATIONSHIP _____

FRIEND _____

SUGGESTED BY _____

NAME OF RELATIVE/FRIEND _____

PHONE _____ NUMBER OF CHILDREN _____

ADDRESS _____

CITY _____ ST ZIP _____

RELATIONSHIP _____

FRIEND _____

SUGGESTED BY _____

NAME OF RELATIVE/FRIEND _____

PHONE _____ NUMBER OF CHILDREN _____

ADDRESS _____

CITY _____ ST ZIP _____

RELATIONSHIP _____

FRIEND _____

SUGGESTED BY _____

NAME OF RELATIVE/FRIEND _____

PHONE _____ NUMBER OF CHILDREN _____

ADDRESS _____

CITY _____ ST ZIP _____

RELATIONSHIP _____

FRIEND _____

SUGGESTED BY _____