

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 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: \_\_\_\_\_

## 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 \_\_\_\_\_

# FAMILY & FRIENDS

## IMMEDIATE FAMILY:

RELATION	NAME	CITY & STATE	PHONE

## OTHER FAMILY MEMBERS:

RELATION	NAME	CITY & STATE	PHONE

## PRECEDED IN DEATH BY:

NAME	RELATION

# PERSONAL INFORMATION

Location of important papers: \_\_\_\_\_

Will and/or trusts:  Yes  No Location(s): \_\_\_\_\_

Life insurance policies:  Yes  No Location(s): \_\_\_\_\_

INSURANCE COMPANY	REASON PURCHASED	POLICY NUMBER	POLICY AMOUNT

Cemetery property deed: \_\_\_\_\_

Funeral arrangement documents: \_\_\_\_\_

Safe deposit box: \_\_\_\_\_

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  
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 \_\_\_\_\_

