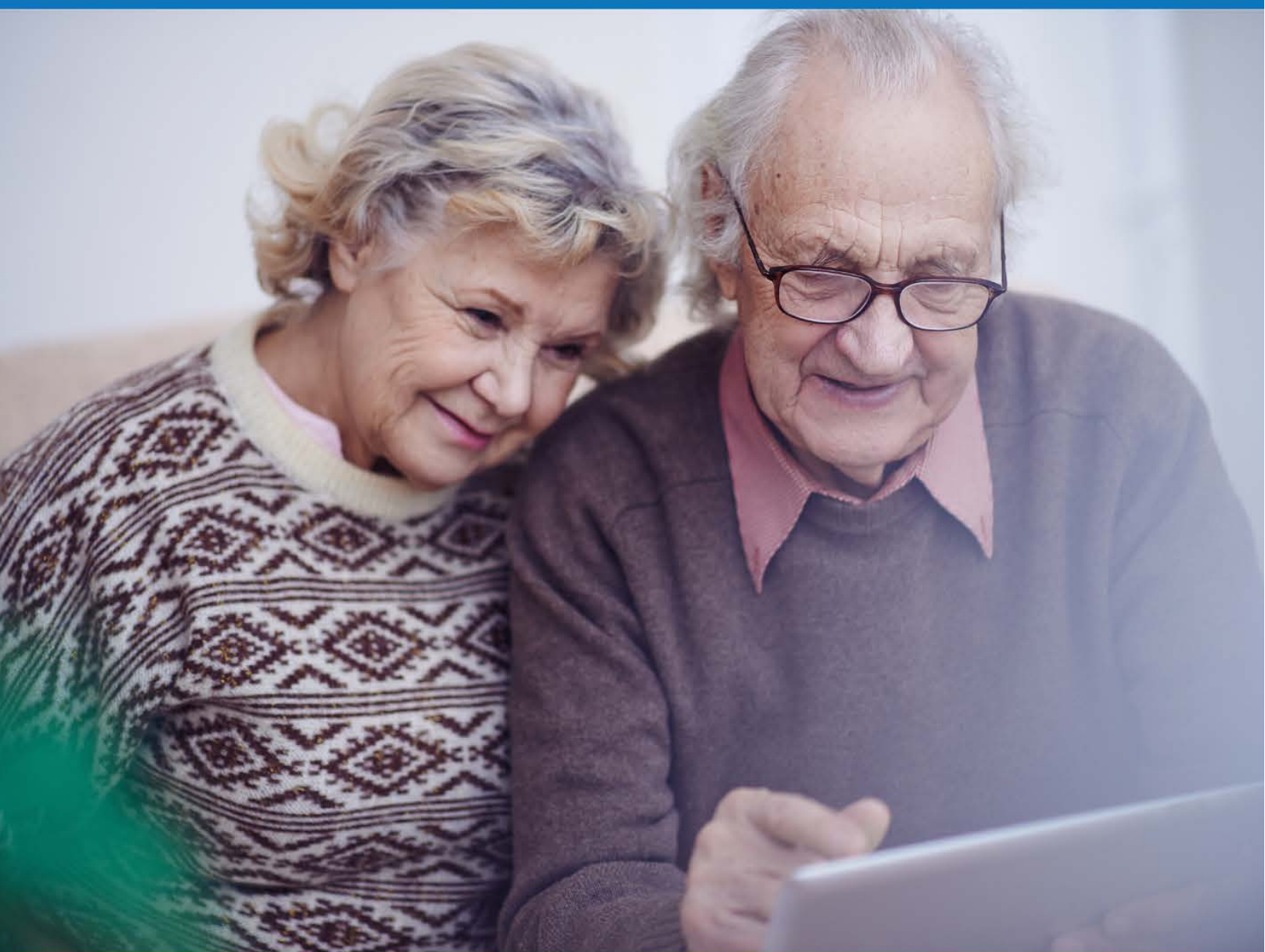


Funeral & Estate Planning Guide

My Last Wishes

~My Love For You Will Never End~



www.FuneralFunds.com

(888) 862-9456

FUNERAL PLANNING GUIDE

Thank you for downloading our Funeral Planning Guide. This guide is designed to provide a tool for planning for the future when you pass away, and to guide your family in making decisions based on your wishes.

Planning your own funeral can provide peace of mind to your family at a difficult time. By planning your funeral in advance, you can make your wishes known. You can specify the type of service you'd like so that your family will have less difficult decisions to make during an emotional time.

This funeral planning guide by Funeral Funds was designed to help you record important information, preferences, and final wishes. It has an easy-to-use format for keeping information your survivors will need after you pass away.

Print out a copy to keep with your important documents. Use this guide to initiate conversation with your family about your end-of-life wishes. Let your family know where this guide is kept.

PERSONAL INFORMATION

Information Needed For The Death Certificate

First Name: _____

Middle Name: _____

Last Name: _____

Suffix (Sr., Jr., III, etc.) _____

Other names you may be known: _____

Maiden Name: _____

Mother's Maiden Name: _____

Father's Name: _____

Date of Birth: _____

City and State of birth: _____

Social Security Number: _____

Ethnic or Cultural Heritage: _____

Marital Status

Married

Widowed

Divorced

Spouse / Domestic Partner Name: _____

Wedding /Registration Date & Place: _____

Children:

First Name	Middle Name	Last Name	Birthday	City & State of Birth

Were You Ever In The Armed Forces?

Yes No

If Yes, What Branch or Country: _____

Name of War: _____

Serial No.: _____

Date of Induction: _____

Date of Discharge: _____

Branch of Service: _____

Rank at Discharge: _____

Education

High School Name: _____

Highest grade completed: _____

College Name: _____

Highest year completed or Degree Earned: _____

Driver's License Number: _____

Visa Number: _____

Passport Number: _____

Issuing Country: _____

Green Card: _____

MY FUNERAL PLANS

I would appreciate if my family and legal counsel would consider my request for Organ Transplant and Body Donation to Medical Education:

I do not wish to donate my body, or any part of it for medical education

I wish to donate my body for scientific research or medical education

I wish to donate the following parts of my body for transplant

- Heart
- Heart valves
- Kidneys
- Lungs
- Liver
- Pancreas
- Skin
- Solid bone
- Joints

First Person To Be Notified Of My Death

Name: _____

Phone number: _____

Address: _____

Additional Contact Person

Name: _____

Phone number: _____

Address: _____

My Executor

Name: _____

Phone number: _____

Address: _____

Co-Executor

Name: _____

Phone number: _____

Address: _____

Lawyer

Name: _____

Phone number: _____

Address: _____

Accountant

Name: _____

Phone number: _____

Address: _____

Landlord

Name: _____

Phone number: _____

Address: _____

General Doctor

Name: _____

Phone number: _____

Address: _____

Specialist Doctor

Name: _____

Phone number: _____

Address: _____

EMPLOYER

Name: _____

Phone number: _____

Company Address: _____

Hire Date: _____

Employee ID: _____

People I'd Like Personally Notified Of My Death

NAME	PHONE NUMBER

The Costs Of My Funeral And Burial Can Be Paid From The Following

- A pre-paid funeral plan
- Burial insurance
- Life insurance
- Bank account
- Payable on Death Account
- My estate
- Other _____

Prepaid Funeral Plan

Insurance Provider's Name: _____

Company Address: _____

Phone Number: _____

Plan Number: _____

Name of Cemetery: _____

Plot Number: _____

I Do Not Have A Prepaid Funeral Plan. Arrangements Should Be Made By:

- My spouse or partner
- My father
- My mother
- My children
- My sibling
- Other _____

FUNERAL PLAN

I Would Like A

- Traditional funeral, followed by burial or cremation
- Direct burial or cremation, followed by a memorial service
- Direct burial or cremation, no memorial service
- Other

I Would Like My Remains To Be Handled As Follows

- Ground burial in a private cemetery
Name of Cemetery: _____
Plot number: _____
- Interred in a national cemetery (eligible veterans, and eligible family members)
- Interred in a mausoleum
Name of mausoleum: _____
- I have purchased a crypt
Cemetery: _____
Crypt number: _____
- Cremation, with cremated remains:
 - Kept at home
 - Interred in mausoleum (niche)
 - Interred in a columbarium
 - Interred in burial plot
 - Scattered (location —check local, state and federal laws)
 - Other _____

CLOTHING PREFERENCE

- Specific Clothing To Be Worn:** _____
- From current wardrobe
 - New

- Jewelry To Be Worn:** _____
- Stays on
 - Return to family

Glasses

- Remain with me
- Remove before interment and return to family

FUNERAL MERCHANDISE

Casket

Manufacturer _____
Model Name _____
Model # _____

Type Of Casket

Wood

Type of wood: _____

Metal

Type of metal _____

Gauge: _____

Sealed? Yes No

Cloth covered Yes No

Other Specify _____

Lid Style

Half Couch (2 piece)

Full Couch (1 piece)

Interior Features

Material (e.g., crepe, linen, velour, velvet) _____

Color _____

Style (e.g., shirred, tailored, tufted) _____

Special Features _____

Outer Burial Container

Manufacturer _____

Model Name _____

Type Of Outer Burial Container

Grave Box or Grave Liner: (e.g., concrete or wood) _____

Vault (e.g., bronze, copper, concrete, plastic, wood, composite)

Lawn Crypt Specify: (e.g., concrete or wood) _____

Special Features: _____

Cremation Urn

Manufacturer _____

Model Name _____

Model # _____

Material (e.g., bronze, ceramic, marble, wood) _____

GRAVE MARKER

Type Of Grave Marker

Flat headstones

Raised-top flat marker

Upright headstone

Kerbed headstone

Manufacturer _____

Model Name _____

Model number: _____

Engraving

Engraving style: _____

Lettering Font: _____

Inscriptions: _____

Epitaph: _____

STATIONARY PRODUCTS

Guest Register Book

Style _____

Manufacturer _____

Quantity _____

Prayer Cards

Style _____

Manufacturer _____

Quantity _____

Verse To Print On Prayer Cards _____

Memorial Folders

Style _____

Manufacturer _____

Quantity _____

Verse to print on Memorial Folders: _____

Prayer Books

Style _____

Manufacturer _____

Style _____

Quantity _____

Acknowledgement Cards

Style _____

Manufacturer _____

Quantity _____

TRADITIONAL FUNERAL OR MEMORIAL SERVICE PREFERENCES

- Funeral service, followed by burial or cremation
- Funeral service, followed by a graveside service or service at the crematory
- Graveside service followed by burial
- Service at the crematory followed by cremation
- Memorial service after the burial or cremation
- Funeral service at my own home
- Funeral service at the funeral home
- Funeral service at place of worship

Visitation And Viewing Preferences

- Viewing only at the funeral home prior to ceremony
- Open casket
- Closed casket
- No viewing

Will a visitation be held? Yes No
 Remains present at visitation Yes No

Location Of Visitation

- At the funeral home
- At my home
- Other _____

Calling Hours _____

Displays

- Photographic displays
- Mementos (awards, certificates, etc.)
- Video tribute
- Other _____

CEREMONY PREFERENCES

Ceremony Officiant

First choice: _____
 Contact number: _____
 Second choice: _____
 Contact number: _____

Special Affiliation Ceremony

- Military ceremony
- Lodge ceremony
- Other ceremony _____

People who would deliver Eulogies

1. _____
2. _____
3. _____

People who would deliver prayers, poems or other readings

1. _____
2. _____
3. _____
4. _____

Readings To Be Delivered:
Title/ Author/Source

1. _____
2. _____
3. _____
4. _____
5. _____

Music Preferences

- With music
- No music
- Pre-recorded music
- Live music
- Soloist Group Musicians

Special Songs, Hymns, Or Pieces Of Music

1. _____
2. _____
3. _____
4. _____
5. _____

Congregational Singing With The Following Songs

1. _____
2. _____
3. _____

Flower Preferences

- No flowers
- With flowers
- Casket spray
- Lid arrangement
- Standing spray
- Specialty pieces _____

In Lieu Of Flowers, Make Memorial Donations To The Following Organizations

1. _____
2. _____
3. _____

I Would Like The Following People To Serve As Pallbearers

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

TRANSPORTATION PREFERENCE

- Funeral coach or hearse
- Funeral van

Transportation For Family Members

- Limousine
- Sedan
- Escort needed Yes No

Instructions _____

OBITUARY INFORMATION

Name: _____

Age: _____

City and state of residence: _____

Date of Death: _____

Place of Death: _____

Date of Birth: _____

Birth place: _____

Parents Name:

Mother: _____

Father: _____

Work History:

High school:

Year graduated: _____

School and location: _____

College (higher education)

Year graduated: _____

Licenses held: _____

Degrees earned: _____

School and location: _____

Military service (if applicable):

Stationed at: _____

Church membership: _____

Fraternal membership: _____

Civic membership: _____

Club membership: _____

Other Organizations: _____

PRECEDED IN DEATH BY

Name	Relationship

SURVIVED BY

Name	Relationship	State of Residence

Visitation

Day and Date: _____

Time: _____

Place: _____

Vigil Or Prayer Service

Day and Date: _____

Time: _____

Place: _____

Funeral Service

Day and Date: _____

Time: _____

Place: _____

Name of Officiate: _____

Title: _____

Place of burial or cremation: _____

Address: _____

Memorial Service If Held By Others

Day and Date: _____

Time: _____

Place: _____

Memorial Funds To Be Made To A Cause OR Organization(s)

People Or Groups To Publicly Thank

Hobbies and personal interests

Special Recognition And Achievements

Other Information

Newspapers To Publish Obituary

Include a photo: Yes No

IMPORTANT INFORMATION

Location of Key Documents

Recording the location of these key documents can make the process less stressful.

Document Location

Will: _____

Birth Certificate: _____

Citizenship Certificate: _____

Passport: _____

Marriage Certificate: _____

Divorce Decree/Annulment: _____

Insurance Policies: _____

Social Security Card: _____

Military Discharge Paper: _____

Diplomas: _____

Trust Documents: _____

Property Deeds: _____

Vehicle Titles: _____

ATM's and Credit Card _____

Safe Deposit Box Key: _____

Adoption Papers: _____

I have a will: Yes No

Date of Will: _____

Executor: _____

Address: _____

Phone Number: _____

Email address: _____

FINANCIAL INFORMATION

Life Insurance

Type: Term Whole Life Universal Group Other

Insurance Company: _____

Phone number: _____

Website: _____

Policy number: _____

Beneficiary: _____

Face Amount: _____

Type: Term Whole Life Universal Group Other

Insurance Company: _____

Phone number: _____

Website: _____

Policy number: _____

Beneficiary: _____

Face Amount: _____

BANK ACCOUNTS

Bank Name: _____

Branch: _____

Account Number: _____

Type of account: Savings Checking Other

Username: _____ Password: _____

Bank Name: _____

Branch: _____

Account Number: _____

Type of account: Savings Checking Other

Username: _____ Password: _____

Bank Name: _____

Branch: _____

Account Number: _____

Type of account: Savings Checking Other

Username: _____ Password: _____

Credit Card

Visa MasterCard Discover American Express Other

Account number: _____

Expiration date: _____

Username: _____ Password: _____

Credit Card

Visa MasterCard Discover American Express Other

Account number: _____

Expiration date: _____

Username: _____ Password: _____

Credit Card

Visa MasterCard Discover American Express Other

Account number: _____

Expiration date: _____

Username: _____ Password: _____

ATM/Debit Card

Account number: _____

Expiration date: _____

Username: _____ Password: _____

ATM/Debit Card

Account number: _____

Expiration date: _____

Username: _____ Password: _____

INVESTMENTS

Brokerage Account Number: _____

Company: _____

Contact name: _____

Address: _____

Phone Number: _____

Mutual Fund Account Number: _____

Company: _____

Contact name: _____

Address: _____

Phone Number: _____

Individual Retirement Account: _____

Company: _____

Contact name: _____

Address: _____

Phone Number: _____

PENSION

Company Pension Account Number: _____

Company: _____

Contact name: _____

Address: _____

Phone Number: _____

Sponsor Name: _____

Union Pension Account Number: _____

Union Name: _____

Phone Number: _____

Plan Administrator: _____

401(K)/ 403 (b) Account Number:

Plan Administrator: _____

Phone number: _____

PROPERTY

Real Estate Description: _____

Location: _____

Real Estate Description: _____

Location: _____

Auto Description: _____

Plate Number: _____

Location: _____

Auto Description: _____

Plate Number: _____

Location: _____

Boat Description: _____

Location: _____

Recreational Vehicle Description: _____

Location: _____

Art Work

Description: _____

Location: _____

Jewelry

Description: _____

Location: _____

Jewelry

Description: _____

Location: _____

Collection

Description: _____

Location: _____

Other property

Description: _____

Location: _____

Other property

Description: _____

Location: _____

LOANS

Home Mortgage

Account Number: _____

Lender Name: _____

Phone number: _____

Auto Loan

Account Number: _____

Lender Name: _____

Phone number: _____

Personal Loan

Account Number: _____

Lender Name: _____

Phone number: _____

ONLINE AND SOCIAL MEDIA ACCOUNTS

Account Name: _____

Website: _____

Username: _____

Password: _____

Other Information: _____

Account Name: _____

Website: _____

Username: _____

Password: _____

Other Information: _____

Account Name: _____
Website: _____
Username: _____
Password: _____
Other Information: _____

Account Name: _____
Website: _____
Username: _____
Password: _____
Other Information: _____

Account Name: _____
Website: _____
Username: _____
Password: _____
Other Information: _____

Account Name: _____
Website: _____
Username: _____
Password: _____
Other Information: _____

To My Dearest Family And Friends, I Leave These Thoughts To You

This funeral planning guide contains my personal information and details about my final arrangements. I am signing this document to relieve my next of kin of unnecessary stress and guesswork at the time of my death. Please honor my wishes and fulfill it to the extent possible.

Printed Name _____ Date _____

Signature _____



Notary Stamp Here