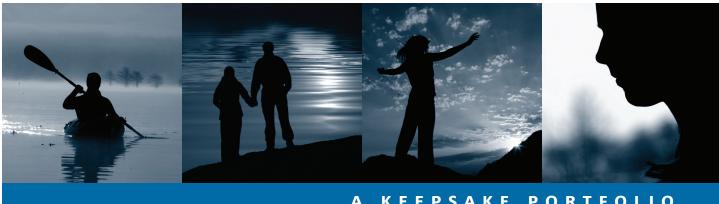
## Thoughtful Decisions

Planning Guide



PORTFOLIO Α ΚΕΕΡSΑΚΕ



#### 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 na	ame)		
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)	
Synagogue	
Clergy	
Additional Information	

## A U T H O R I Z A T I O N

l,	, do hereby certify and acknowledge that the information		
recorded herein was personally given to	o representing		
Funeral Home.			
I understand that the information recorded herein is o	n file at the funeral home listed above.		
Authorized Signature	Date		
Counselor's Signature	Date		

## FAMILY & FRIENDS

#### **IMMEDIATE FAMILY**

RELATION	NAME	EMAIL	CITY & STATE	PHONE

#### **OTHER FAMILY MEMBERS**

RELATION	NAME	EMAIL	CITY & STATE	PHONE

#### PRECEDED IN DEATH BY

NAME	RELATION

## PERSONAL INFORMATION

Location of Important Pa	pers				
Will and/or Trusts	□ No Location(s)				
Living Will 🛛 Yes 🗆 No	ving Will 🛛 Yes 🗍 No Location(s) Who				
Healthcare Directives	Yes I No Location(s)				
Power of Attorney 🛛 Yes	S 🗖 No Location(s)		Who		
INSURANCE COMPANY	REASON PURCHASED	POLICY NUMBER	POLI	CY AMOUNT	
Designated person who h	nas access to a list of your digita	l accounts and passwords			
Life Insurance Policies	Yes I No Location(s)				
Cemetery Property Deed	Location(s)				
Funeral Arrangement Do	cuments Location(s)				
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 □ Open Casket □ Closed Casket □ Memorial Portrait □ Shomer

□ Memory Sharing Time □ Memorial Picture Board □ Video Tribute □ Memorial Display Items □ Shiva □ Taharah

#### 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 \_ \_\_\_\_\_ Other Speakers \_\_\_\_ Eulogy Presented By \_\_\_\_\_ □ Music \_\_\_\_

□ Readings \_\_\_\_

Other Personalization Options \_\_\_\_\_

Focal Point for the Service	Closed Casket	Ceremonial Urn	Framed Picture	□ Other

\_\_\_\_\_ Type of Urn \_\_\_ Type of Casket \_\_\_\_

Clothing/shroud	_ Jewelry	□On	□Off	Give To
6, 6, 6, 6, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,				

Embalming Yes No Standard Embalming

Pallbearers \_\_\_\_

#### **FINAL RESTING PLACE**

Disposition  Burial  Cr	emation			
Cemetery Property Location _	Property Location Purchased Lot? 🛛 Yes 🗖 No			
If Yes, Lot/Niche Description	Section	_ Lot No	Space No	
Deed Owner				
□ Companion □ Individual	□ Mausoleum □ Columbario	um 🛛 Other		
Vault   Steel  Concrete	e Description			
Permanent Memorial Marker	□ Bronze □ Marble □ G	ranite 🛛 Upright 🖾 Ground	Level	
Inscription				
Additional Information/Instru	ctions			
Newspapers to Notify				
			TM	
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