

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 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 name) \_\_\_\_\_

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 \_\_\_\_\_

## 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	EMAIL	CITY & STATE	PHONE

## OTHER FAMILY MEMBERS

RELATION	NAME	EMAIL	CITY & STATE	PHONE

## PRECEDED IN DEATH BY

NAME	RELATION

# PERSONAL INFORMATION

Location of Important Papers \_\_\_\_\_

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

Living Will  Yes  No Location(s) \_\_\_\_\_ Who \_\_\_\_\_

Healthcare Directives  Yes  No Location(s) \_\_\_\_\_

Power of Attorney  Yes  No Location(s) \_\_\_\_\_ Who \_\_\_\_\_

INSURANCE COMPANY	REASON PURCHASED	POLICY NUMBER	POLICY AMOUNT

Designated person who has access to a list of your digital accounts and passwords \_\_\_\_\_

Life Insurance Policies  Yes  No Location(s) \_\_\_\_\_

Cemetery Property Deed Location(s) \_\_\_\_\_

Funeral Arrangement Documents Location(s) \_\_\_\_\_

Bank Location(s) \_\_\_\_\_ Safe Deposit Box  Yes  No

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 \_\_\_\_\_  
 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/shroud \_\_\_\_\_ 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 \_\_\_\_\_

