

Thoughtful Decisions Guide

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.



1. Vital Statistics

Full Legal Name

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

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

For veterans, do you know the location of military discharge papers (DD-214)? Yes No

Branch _____

Preceded in Death By _____

2. Life Story

In Community Since _____

Date & Place Married _____

Occupation (former, if retired) _____

Employer _____

Number of Years Employed _____ City & State _____

Community Involvement (ex: Chamber of Commerce, Lions Club, etc.)

Home Church _____ City _____ State _____

Hobbies, Interests, Passions

Favorite Family Memories

Greatest Life Lessons

Treasured Accomplishments

3. Family & Friends

FAMILY, FRIENDS, COMMUNITY MEMBERS, CO-WORKERS, AND NEIGHBORS

RELATION	NAME	PHONE	EMAIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Important Documents

Will and/or Trusts Yes No Location(s) _____

Healthcare Directives Yes No Location(s) _____

Power of Attorney Yes No Location(s) _____

Usernames/Passwords Yes No Location(s) _____

Life Insurance Policies Yes No Location(s) _____

Beneficiaries Up to Date* Yes No

Funeral Arrangement Documents Location(s) _____

Bank Accounts Yes No Bank Name _____ Safe Deposit Box Yes No

**If beneficiaries are not up to date, family members may have difficulty receiving life insurance proceeds.*

5. Personal Wishes for a Funeral or Memorial Service

As you plan for a funeral, know that what you are doing will have a lasting and profoundly important impact on the lives of those you love the most. A meaningful funeral experience brings a sense of hope and a feeling of gratitude for life, love, and memories. So, what creates a meaningful funeral experience? There are several significant elements, or pieces, of a funeral. Blending these pieces together reflects your unique life and allows your loved ones to have their needs met through a meaningful funeral ceremony. Thoughtfully combining these elements creates a transformative experience for your loved ones as they remember and honor the life you lived.

Who would you like at the funeral?

Just immediate family Extended family and friends I don't want a funeral service I'm not sure

VISITATION/GATHERING

Viewing/Visitation/Wake Open Casket Closed Casket Loved One's Choice Fellowship Meal/Gathering

Would you like a time for family to view the body before burial/cremation?

Yes No Loved One's Choice I'm not sure

A MEANINGFUL AND HEALING SERVICE

Memorial Service (after burial/cremation) Funeral Service (before burial/cremation) Graveside Service (burial/cremation)

Location of Service _____

Eulogy Presented By _____

Other Speakers _____

Readings _____

Music _____

Memorial Contributions to _____

General Service Notes

FOCAL POINT FOR THE SERVICE

Closed Casket Open Casket Ceremonial Urn Framed Picture Other Loved One's Choice

Casket Preference _____

Urn Preference _____

Pallbearers _____

FINAL RESTING PLACE

Burial Cremation

Type of Cemetery Property Companion Individual Mausoleum Columbarium Other

Cemetery/Niche Property Location _____

Deed Owner _____ Purchased Lot? Yes No

Lot/Niche Description Section _____ Lot No. _____ Space No. _____

Permanent Memorial Marker Bronze Marble Granite Upright Ground Level

Inscription _____

