Personal Expressions

A guide to my funeral and memorial wishes

THIS GUIDE BELONGS TO

_____

Things You Should Know

DOCUMENTING YOUR LIFE AND OTHER IMPORTANT INFORMATION

Today's funerals are so diverse that one will rarely resemble another. There are countless options available to personalize a service, making it possible to tailor it to the unique individual it's designed to represent. However, one truth remains to this day that binds one funeral to every other funeral; they are for the living. Funerals are a place for loved ones and friends to gather in support and celebration. A time to remember and rejoice in a life that will continue to touch and shape their own.

It is a time when survivors turn to funeral professionals for guidance. They often wonder what their loved one would have wanted them to arrange. During the stressful and hectic days immediately following a death, a multitude of decisions must be made, adding pressure to an already overwhelming experience. Funeral professionals offer various services designed to care for your family before, during and after your funeral. By presenting you with this opportunity to make decisions now regarding your own funeral, they help you give your family peace of mind.

By completing this booklet, you are giving direction and guidance to your loved ones when they need it most. They will know without a doubt what your wishes are and be able to see them through; thus, helping to relieve the emotional burden of decision making and allowing them to support each other.

It is important that your loved ones know where to find this booklet. In the event of your death, they will be glad to have all of your up-to-date information easily accessible. To make certain that it's easily accessible, do not store it in a safe deposit box. In some states, safe deposit boxes cannot be opened for several days and even weeks after a person's death.

MESSAGE TO MY LOVED ONES

My love for you has compelled me to record the information contained in this booklet for your peace of mind. My wish for you is to make it through this difficult time with as little grief as possible. There are many aspects of my life that I have organized so that your decisions and stress will be minimal, and you will be able to be there for each other and support one another during this time of transition.

The information recorded in this booklet will answer questions about what I would have wanted you to do. You'll know my fondest memories and what I considered to be my greatest accomplishments. There is no need for you to worry and agonize over the many difficult decisions that must be made. Simply use this complete record of my life and my wishes to ease your mind.

Contained in this booklet are suggestions and information to help simplify your decision-making process during this difficult time. Your peace of mind is very important to me, and it is my sincere wish to ease your pain and grief by planning and providing you with this information. Above all, remember the life and the memories we have shared and the love that will remain strong long after this tribute to the life you shared with me.

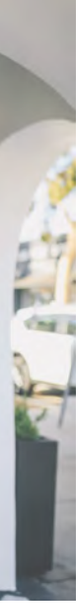
Signature _____ ***Witness*** _____

Date _____ ***Date*** _____

1 Please Remember

SIGNIFICANT MEMORIES

ACCOMPLISHMENTS



RELIGIOUS AFFILIATIONS

Faith:

Church Affiliation:

Clergy/Priest:

HOUSEHOLD PETS

ACTIVITIES, MEMBERSHIPS & HOBBIES

Organization Name:

Position/Involvement:

Organization Name:

Position/Involvement:

Organization Name:

Position/Involvement:

Organization Name:

Position/Involvement:

Hobbies:

FAVORITES

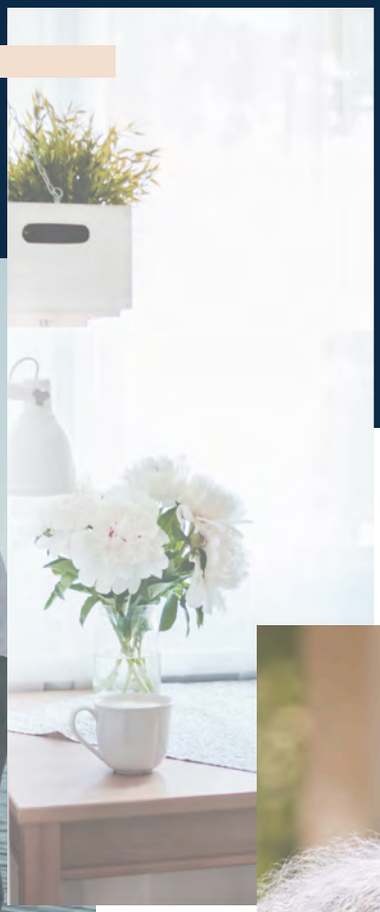
Poems:

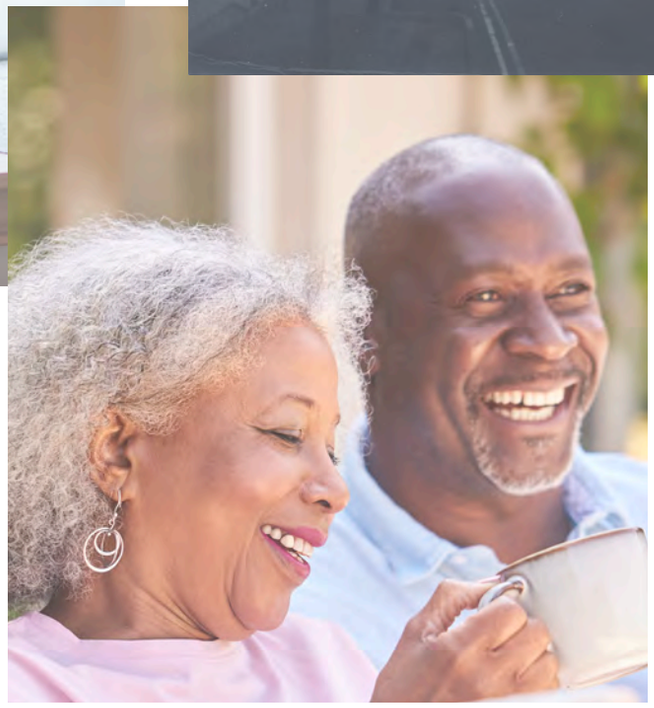
Flowers:

Music:

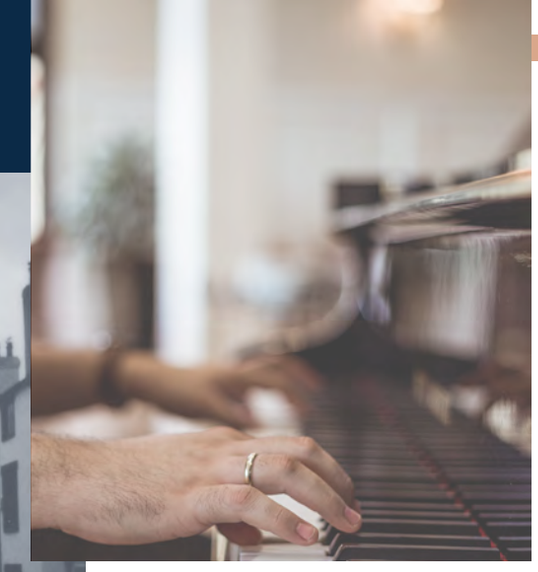
Scripture Passages:

Foods:





2 Vital Statistics



PERSONAL INFORMATION

Full Name: _____
First *Middle* *Last*

SSN: _____

Address: _____

City: _____ State/ZIP: _____

DOB: ____ / ____ / ____ Place of Birth: _____
Month *Day* *Year*

Race: _____ Sex: _____

Father's Name*: _____ Mother's Name*: _____
** If living enter address and/or email on Family Member list*

Spouse (Maiden): _____ Date of Marriage: ____ / ____ / ____
Month *Day* *Year*

Place of Marriage: _____
City/State

EDUCATION

Elementary School: _____
City/State

Junior High School: _____
City/State

High School: _____
City/State *Year Graduated*

Postsecondary Education: _____
City/State *Year Graduated*

_____
City/State *Year Graduated*

_____
City/State *Year Graduated*

Degrees Earned: _____

IMPORTANT DOCUMENTS

Last Will and Testament Location:

Details:

Attorney:

Name *Phone*

Physician:

Name *Phone*

Birth and Marriage Certificates Locations:

Details:

INSURANCE POLICIES

Health:

Company *Policy #*

Beneficiary *Amount of Benefit*

Life:

Company *Policy #*

Beneficiary *Amount of Benefit*

Homeowner/Renter:

Company *Policy #*

Beneficiary *Amount of Benefit*

Personal Liability:

Company *Policy #*

Beneficiary *Amount of Benefit*

Auto:

Company *Policy #*

Beneficiary *Amount of Benefit*

Funeral Plan

Funeral Home *Policy #*

Phone # *Amount of Benefit*

PROPERTY

Automobile Records:

Location of Title *Location of other Paperwork*

Description of Vehicles

Residence:

Location/Description *Location of Deed*

Mortgages:

Location of Deed *Loan #*

Location of Deed *Loan #*

Location of Deed *Loan #*

Location of Deed *Loan #*

Location of Deed *Loan #*

Other Property:

Location of Deed

Partnerships/Joint Ownerships

Location of Deed

Partnerships/Joint Ownerships

FINANCIAL INFORMATION

Bank Accounts:

Institution *Account #*

Type of Account *Names on Account*

Institution *Account #*

Type of Account *Names on Account*

Safe Deposit Box:

Location

Contents

Debts:

Location *Loan #* *Type*

Location *Loan #* *Type*

Tax Returns/Records:

Location *Accountant* *Phone #*

Credit Cards:

Location *Account #* *Type*

Location *Account #* *Type*

Location *Account #* *Type*

INVESTMENTS

401(k):

Location of Documents *Contact for Further Information*

IRA Retirement Plan:

Location of Documents *Contact for Further Information*

Stock & Bond Certificates:

Location of Documents *Contact for Further Information*

Location of Documents *Contact for Further Information*

Location of Documents *Contact for Further Information*

Broker/Financial Advisors:

Company *Name* *Phone #*

Company *Name* *Phone #*

Other:

Details *Contact for Further Information* *Phone #*

Details *Contact for Further Information* *Phone #*

Details *Contact for Further Information* *Phone #*

MILITARY SERVICE

Branch of Military: _____ Rank: _____

Unit: _____

Enlistment Date: ____ / ____ / ____ Location: _____
Month *Day* *Year*

Discharge Date: ____ / ____ / ____ Location: _____
Month *Day* *Year*

Location of Discharge Papers: _____

Military Retirement Documents: _____

Service Serial Number: _____ Veteran's Benefits: _____

War(s): _____

EMPLOYMENT

Occupation: _____

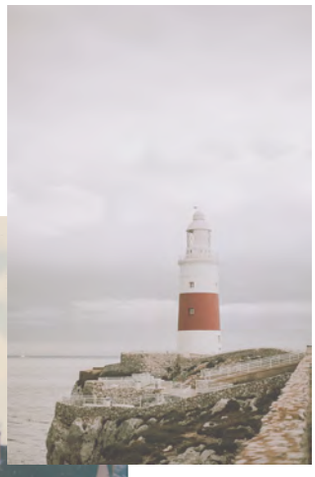
Most Recent Employer: _____ Kind of Business: _____

Number of Years Worked: _____ From: _____ To: _____
Year *Year*

Previous Employer: _____ Kind of Business: _____

Number of Years Worked: _____ From: _____ To: _____
Year *Year*

Retired?* _____ _____ Year Retired: _____
*Please check one box *Yes* *No*



3 Friends & Family

MY SPOUSE & CHILDREN

Spouse: _____

Name (Maiden) *Date of Birth* *Date of Marriage*

Children: _____

Name *Date of Birth*

Address *Phone #*

Name *Date of Birth*

Address *Phone #*

Name *Date of Birth*

Address *Phone #*

Name *Date of Birth*

Address *Phone #*

Name *Date of Birth*

Address *Phone #*

MY SIBLINGS

Name *Date of Birth*

Address *Phone #*

Name *Date of Birth*

Address *Phone #*

Name *Date of Birth*

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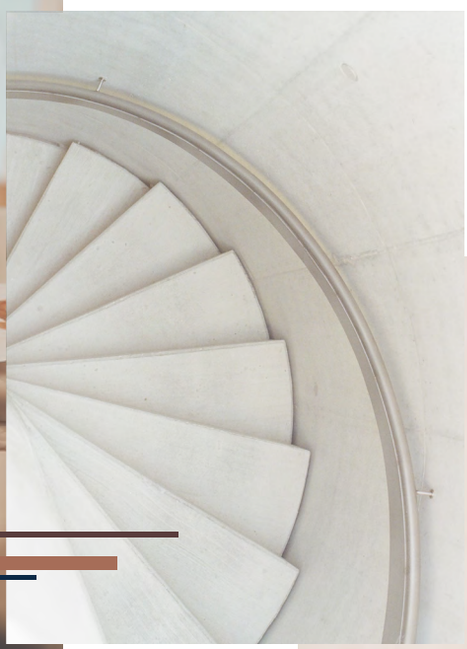

MY GRANDCHILDREN & GREAT GRANDCHILDREN

Grandchildren Total: _____ # Boys: _____ # Girls: _____

Name	*Date of Birth*

Great Grandchildren Total: _____ # Boys: _____ # Girls: _____

Great-Great Grandchildren Total: _____ # Boys: _____ # Girls: _____

MY FRIENDS & RELATIVES

Name *Relationship* *Email Address*

Address *Phone #*

Name *Relationship* *Email Address*

Address *Phone #*

Name *Relationship* *Email Address*

Address *Phone #*

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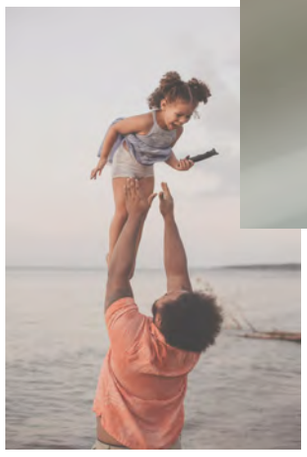
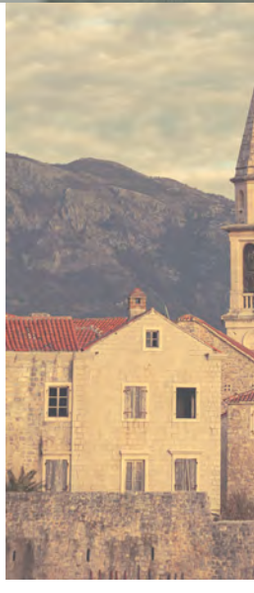
4 Personal Wishes





FUNERAL SERVICE INSTRUCTIONS

Funeral Home: _____ Type of Service: _____

To be Held at: _____

Visitation? _____ Visitation at: _____

Visitation Hours: _____ Prayer Service? _____

From *To*

Rosary?* _____ _____ Clergy: _____

*Please check one box *Yes* *No*

Church: _____

Vocalist(s): _____ Organist: _____

Music Selections: _____

_____

Reading Selections: _____

_____

Casket*: _____ _____ _____ _____

*Please check one box *Wood* *Bronze* *Copper* *Steel*

Vault*: _____ _____ _____ _____

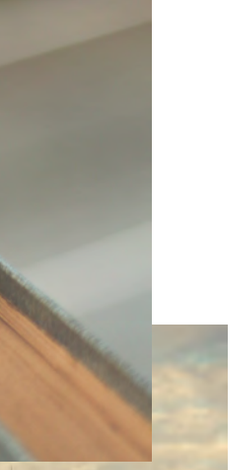
*Please check one box *Bronze* *Copper* *Steel* *Concrete*

Flower Requests: _____

_____

Veteran's Flag*: _____ _____

*Please check one box *Folded* *Draped over Casket*



Memorial Contributions: _____

_____

Clothing*: _____ New _____ Present Color: _____

*Please check one box

Jewelry: _____ Rings: _____

Removed Prior to Interment?* _____ Yes _____ No

*Please check one box

Interment/Entombment*: _____ Traditional Full Service _____ Modified Full, Traditional Service _____ Mausoleum Service _____ Graveside

*Please check one box

Participating Organizations (Fraternal/Military Rites): _____

_____

Organ Donations (Specify): _____

_____

Hair Dresser: _____

Special Requests & Information: _____

_____

_____

Preceded By*: _____

*If more than eight, include a separate sheet

Name	Relation	Place/Date of Death

PALLBEARERS

Name	City/State
Name	City/State
Name	City/State
Name	City/State
Name	City/State
Name	City/State

CREMATION INSTRUCTIONS

Memorial Services*: _____ _____
*Please check one box — Prior to Cremation — After Cremation

Remains Present?* _____ _____
*Please check one box — Yes — No

Casket: _____

Urn*: _____ _____ _____ _____ _____
*Please check one box — Bronze — Marble — Wood — Keepsake/ Jewelry — Other

_____
Other

Place in Cemetery: _____
Name — Phone

Type of Cemetery Property*: _____ _____ _____ _____ _____
*Please check one box — Ground Burial — Columbarium — Mausoleum Crypt — Return to Family — Other

_____ _____
Return to Family — Other

Memorial/Monument Details: _____

_____

_____

CEMETERY ARRANGEMENTS

Name of Cemetery: _____ Location: _____

Phone: _____ Property Owned?* _____ _____

*Please check one box Yes No

Spaces: _____ Location: _____

Mausoleum*: _____ _____ _____ _____ _____

*Please check one box Private Estate Community Mausoleum Garden Mausoleum Single Crypt Companion Crypt

_____

Location

Lawn Crypt*: _____ _____ _____

*Please check one box Single Crypt Companion Crypt Location

Cemetery Property Ownership Document Location: _____

Final Disposition of Remains*: _____ _____ _____

*Please check one box Earth Burial Mausoleum Entombment Cremation/Inurnment

_____ _____

Return to Family Other

MONUMENT/MARKER

Type of Monument*: _____ _____ _____ _____ _____ _____ _____

*Please check one box Upright Monument Lawn (Flush) Granite Bronze Flower Vase Memorial Bench Other

_____

Other

Specifications: _____

_____

Inscription: _____

_____

_____

PERSON IN CHARGE OF ARRANGEMENTS

Name: _____ Address: _____

City: _____ State/Zip: _____

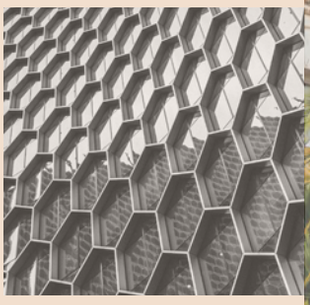
Phone: _____ Email: _____

NEWSPAPER & RADIO ANNOUNCEMENTS

Newspapers: _____

_____

Radio Stations: _____



Homesteaders
Life Company

M1400-0924