

**PERSONAL PLANNING WORKSHEET**

**Berceuse Funeral and Cremation Traditions**

2609 Cunningham Dr., Hampton, VA 23666 | (757) 825-8070

**Date Completed:** \_\_\_\_\_ **Your Phone:** \_\_\_\_\_

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**ABOUT YOU**

**Full Legal Name:** \_\_\_\_\_

**Preferred Name (if different):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**How long at this address?** \_\_\_\_\_

**Marital Status:**  Single  Married  Widowed  Divorced  Partnered

**Spouse's Full Name:** \_\_\_\_\_

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**FAMILY BACKGROUND**

**Father's Full Name:** \_\_\_\_\_

**Mother's Full Maiden Name:** \_\_\_\_\_

**Education (highest level completed):** \_\_\_\_\_

**Occupation/Profession:** \_\_\_\_\_

**Employer or Industry:** \_\_\_\_\_

**Date Retired (if applicable):** \_\_\_\_\_

**MILITARY SERVICE (if applicable)**

**Branch:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**Dates of Service:** From \_\_\_\_\_ To \_\_\_\_\_

**Discharge Location:** \_\_\_\_\_

**Service Number:** \_\_\_\_\_

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**PERSONAL AFFILIATIONS**

**Church/Religious Affiliation:** \_\_\_\_\_

**Organizations, Clubs, Memberships:** \_\_\_\_\_

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**YOUR SURVIVORS**

**Spouse:** \_\_\_\_\_

**Children (names):** \_\_\_\_\_

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**Parents:** \_\_\_\_\_

**Siblings:** \_\_\_\_\_

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**Number of Grandchildren:** \_\_\_\_\_ **Great-Grandchildren:** \_\_\_\_\_

**Other Important People:** \_\_\_\_\_

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## SERVICE PREFERENCES

### Type of Service Preferred:

- Traditional funeral with visitation
- Memorial service (no visitation)
- Graveside service
- Celebration of life
- Direct cremation (no service)
- Other: \_\_\_\_\_

**Service Location:** \_\_\_\_\_

**Would you like visitation/calling hours?**  Yes  No

### Casket Preference:

- Open during visitation
- Closed
- No preference

**Officiant/Clergy:** \_\_\_\_\_

**Church or Venue:** \_\_\_\_\_

**Special Music Requests:** \_\_\_\_\_

\_\_\_\_\_

### Special Honors or Ceremonies:

- Military honors
- Fraternal rites
- Other: \_\_\_\_\_

**Pallbearers (if desired):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FINAL RESTING PLACE

**Burial or Cremation?**  Burial  Cremation  Undecided

**Cemetery Name:** \_\_\_\_\_

**Lot Owner:** \_\_\_\_\_ **Section/Lot #:** \_\_\_\_\_

**Cremation Preferences (if applicable):**

- Cremains interred at cemetery
  - Cremains scattered (location: \_\_\_\_\_)
  - Cremains given to family
  - Other: \_\_\_\_\_
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**MERCHANDISE PREFERENCES**

**Casket Style:**  Metal  Wood  Eco-friendly  No preference

**Burial Vault:**  Required by cemetery  Standard  Premium  None

**Urn (if cremation):**  Standard  Specialty  No preference

**Flowers on Casket:**  Yes  Flag (if veteran)  No preference

**Clothing for Service:** \_\_\_\_\_

**Location of Clothing:** \_\_\_\_\_

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**REMEMBRANCE**

**Obituary - Newspapers to Publish In:**

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**Memorial Donations (in lieu of flowers):**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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## IMPORTANT DOCUMENTS & CONTACTS

**Attorney Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Estate Planner/Financial Advisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Life Insurance Policies:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Location of Important Documents:

Will: \_\_\_\_\_

Insurance Policies: \_\_\_\_\_

Military Discharge Papers (DD-214): \_\_\_\_\_

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## AUTHORIZATION STATEMENT

I have completed this planning worksheet to guide my family and ensure my wishes are known. I request that **Berceuse Funeral and Cremation Traditions** or **R. Hayden Smith Funeral Home** be contacted at the time of my death to arrange services according to the preferences outlined in this document.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_