

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 _____

Phone Number _____ Email _____

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 _____

Authorized Person to Contact for Funeral Arrangements _____

Phone Number _____ Email _____

Preceded in Death By _____

2. Veteran Service Information

Branch of Service _____ Rank at Discharge _____ Service Number _____

Enlistment Date & Place _____ Discharge Date & Place _____

Location of military discharge papers _____

Full name veteran served under _____

Will burial or inurnment (without charge for plot or interment) be in a state-owned or national veterans cemetery?

☐ Yes ☐ No

If yes, which one? _____

Would the veteran like to request:

☐ A government-furnished headstone or marker

☐ A government-furnished flag to drape the casket or urn

☐ A presidential memorial certificate

☐ Military funeral honors

3. 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

4. Family & Friends

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

RELATION	NAME	PHONE	EMAIL

5. 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.*

6. 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. In this section, discuss some of the in-depth details of the funeral and memorial service, which will help surviving family members confidently discuss final arrangements with the funeral home.

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 Outer Burial Container Preference _____

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 _____



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