

I. MY PERSONAL INFORMATION

A. Death Certificate Information

Your loved ones will need the following information about you in order to obtain a death certificate:

Full Legal Name:

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (SR., JR., III, ETC.)

Other Names By Which You May Be Known:

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (SR., JR., III, ETC.)

Social Security Number: _____

Date of Birth: _____

City & State of Birth: _____

Ethnic or Cultural Heritage: _____

Your Maiden Name: _____

Mother's Maiden Name: _____

Father's Name: _____

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

Spouse / Domestic Partner Name: _____

Wedding / Registration Date & Place: _____

Your Children:

FIRST NAME	MIDDLE NAME	LAST NAME

Were you ever in the Armed Forces? ☐ Yes ☐ No

If Yes, What Branch or Country: _____



Education:

HIGH SCHOOL		
Name	City & State	Highest Grade Completed or Degree Earned

COLLEGE		
Name	City & State	Highest Grade Completed or Degree Earned

OTHER PERSONAL IDENTIFICATION NUMBERS

Driver's License # / State: _____

Visa #: _____

Passport # / Issuing Country: _____

Green Card #: _____

II. MY FUNERAL PLANS

Record your final wishes below to assist your grieving family in making the final arrangements you desire. This information will provide a "road map" your loved ones can follow to memorialize your life. Knowing they are fulfilling your final requests will give them peace of mind during a very difficult time.

People I'd like personally notified of my death:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

☐ I have a prepaid funeral plan:

Provider's Name	
Address	
Phone Number	
Plan # or Other Identifier	
Name of Cemetery & Plot #	
Location of Documents	



- ☐ I do NOT have a prepaid funeral plan. I would like my funeral to be in accordance with the preferences I've documented below:

Arrangements should be made by (select all that apply):

- ☐ My Spouse
- ☐ My Father
- ☐ My Mother
- ☐ My Children
- ☐ A Sibling _____
- ☐ Other _____

I would like my remains to be handled as follows:

- ☐ Ground burial in a private cemetery (specify): _____
- ☐ I have purchased a plot (specify plot #): _____
- ☐ I have not purchased a plot
- ☐ Interred in a national cemetery (eligible veterans, and eligible family members)
- ☐ Interred in a mausoleum (specify): _____
- ☐ I have purchased a crypt (specify #): _____
- ☐ I have not purchased a crypt
- ☐ Cremation, with cremated remains (ashes):
- ☐ Interred in mausoleum (niche)
- ☐ Interred in burial plot
- ☐ Scattered (specify where—check local, state and federal laws) _____
- ☐ Other (please explain) _____
- ☐ I have registered to donate my body/organs to (specify): _____
- ☐ They will return my remains (ashes), which should be:
- ☐ Interred in mausoleum (niche)
- ☐ Interred in burial plot
- ☐ Cremation
- ☐ Other (please explain) _____

I would like a:

- ☐
- ☐
- ☐
- ☐

Traditional Funeral/Memorial Service Preferences

Visitation and viewing preferences (if applicable):

- ☐ At the funeral home _____
- ☐ At place of worship _____
- ☐ Open casket
- ☐ Viewing only at the funeral home prior to ceremony
- ☐ No viewing/no open casket
- ☐ I'm not sure
- ☐ Other (please explain) _____

Calling hours (if applicable):

- ☐ Traditional hours
- ☐ Other (please explain) _____
- ☐ N/A

Personal preferences (if applicable):

Glasses to be worn ☐ Yes ☐ No

If "Yes"

- ☐ Glasses to remain with me
- ☐ Remove before interment and return to: _____

Jewelry to be worn (specify): _____

- ☐ Jewelry to remain with me
- ☐ Remove before interment and return to: _____

Specific clothing: _____

Other: _____

- ☐ N/A

Ceremony preferences (if applicable):

- ☐ No ceremony
- ☐ Funeral ceremony at place of worship (specify): _____
- ☐ Funeral ceremony at funeral home (specify): _____
- ☐ Graveside ceremony only
- ☐ Memorial ceremony at (specify): _____
- ☐ Other (please explain) _____

Ceremony officiant (i.e., clergy/speaker)(if applicable):

First choice: _____ Phone #: _____

Second choice: _____ Phone #: _____

Other Speakers: _____ Phone #: _____

Special affiliations for my ceremony should include:

- ☐ N/A
- ☐ MILITARY Ceremony (specify): _____
- ☐ LODGE Ceremony (specify): _____
- ☐ OTHER Ceremony (specify): _____

Some things I would like to have shared at the ceremony would be *(you may wish to attach additional pages)*:

Marker/headstone preferences (if applicable):

Type of marker/headstone desired: _____

Inscription desired: _____

Pallbearer suggestions (if applicable):

_____	_____
_____	_____
_____	_____

Music preferences (if applicable):

- ☐ N/A
- ☐ No music
- ☐ Pre-recorded music (specify): _____
- ☐ Live music
 - ☐ Soloist (specify): _____
 - ☐ Group (specify): _____
 - ☐ Musician(s) (specify): _____
 - ☐ Special songs to include (specify): _____
- ☐ Congregational singing (with the following songs): _____

Requested readings, poetry or religious text (if applicable):

Flower preferences (if applicable):

- ☐ N/A
- ☐ Casket spray
- ☐ Lid arrangement
- ☐ Standing spray
- ☐ Matching baskets
- ☐ Specialty pieces (i.e., floral hearts or religious symbols) _____
- ☐ Other (please explain) _____
- ☐ No flowers

In lieu of flowers, memorial donations to the following organizations, ministries and/or charities:

Name: _____

Address: _____

Name: _____

Address: _____

SPECIAL NOTES AND WISHES

Obituary—I'd like the following included:

Hobbies and/or personal interests:

Clubs, lodges, membership in various organizations, church affiliation and activities:

Military service:

Special recognition and/or achievements:

Other information:

Survived by *(additional pages may be added)*: name, relationship, city & state

Pre-deceased by (additional pages may be added): name, relationship, year of death

Is there any specific information you do not wish to be shared?

III. MY IMPORTANT CONTACTS AND INFORMATION

A. Key Contacts

Personal Advisors can be invaluable in assisting your family members during the difficult time following your death. Give your family easy access to contact them by filling in the information below as accurately as possible.

ADVISOR	NAME	TELEPHONE #
Executor/Administrator		
Lawyer		
Accountant		
Financial		
Insurance Agent		
Stockbroker		
Banker		
Employer		
Landlord		
Doctor (general)		
Doctor (specialist)		
Dentist		
Other		
Other		
Other		

EMPLOYER(S)

1. Current/Most Recent Employer:

Name: _____

Employer Address: _____

Telephone : _____ Hire Date: _____

Employee ID#: _____

2. Former Employers:

Name: _____

Employer Address: _____

Telephone : _____ Hire Date: _____

Employee ID#: _____

Name: _____

Employer Address: _____

Telephone : _____ Hire Date: _____

Employee ID#: _____

VOLUNTEER ORGANIZATION:

Organization Name: _____

Role: _____

Member #: _____

Contact Information: _____

UNION AFFILIATION (if applicable):

Union Name: _____

Local: _____

Member #: _____

Contact Information: _____

MILITARY SERVICE BRANCH (if applicable): _____

Rank: _____

Serial #: _____

Discharge Date: _____

B. Insurance Information

In today’s busy life, it’s difficult to remember the details. And even though you may have told your family about details like your medical insurance company, or where you’ve worked, chances are they don’t remember. Help simplify matters for your family by providing the pertinent details they may need to submit claims or ask about survivor benefits.

HEALTH INSURANCE COMPANIES

Medical:

Type of coverage: ☐ Group ☐ Individual ☐ Medicare ☐ Medicare Supplement

Insurance Company: _____

Health Care Plan ID#: _____

Group ID #:_____

Contact Name:_____

Telephone: _____

Type of coverage: ☐ Group ☐ Individual ☐ Medicare ☐ Medicare Supplement

Insurance Company: _____

Health Care Plan ID#: _____

Group ID #:_____

Contact Name:_____

Telephone: _____

INSURANCE COMPANIES			
INSURANCE TYPE	POLICY #	INSURANCE COMPANY NAME	CONTACT INFORMATION
Life			
Life			
Life			
Annuity			
Annuity			
Accidental Death & Dismemberment			
Dental			
Disability			
Long-Term Care			
Homeowners			
Car			
Car			
Other			
Other			
Other			

C. Important Information

Your Executor/Administrator or family will need to gather a variety of documents following your death in order to settle your affairs. Recording the location of these key documents below can simplify this process, and make it less stressful.

1. Location of Key Documents

DOCUMENT	LOCATION
Will	
Birth Certificate	
Citizenship Certificate	
Military Discharge	
Diplomas	
Insurance Policies	
Marriage Certificate	
Divorce Decree/Annulment	
Trust Documents	
Property Deed(s)	
Vehicle Title(s)	
Passport	
Social Security Card	
Safe Deposit Box Key	
Adoption Papers	

2. Financial Information

Your family or your Executor/Administrator will need information about your assets after your death. Simplify the process by compiling your asset information below.

a. Assets

BANK		
ACCOUNT TYPE	ACCOUNT #	BANK NAME
Safe Deposit Box		
Savings		
Savings		
Checking		
Money Market		
ATM/Debit Card		
Certificate of Deposit		
Maturity Date		
Certificate of Deposit		
Maturity Date		
IRA		
Roth IRA		

INVESTMENT		
ACCOUNT TYPE	ACCOUNT #	INSTITUTION NAME
Brokerage Account		
Contact Name & Phone #		
Mutual Fund Account		
Contact Name & Phone #		
IRA		
Contact Name & Phone #		

PENSION(S)		
TYPE	ACCOUNT #	SPONSOR NAME
Company Pension		
Plan Administrator		
Contact Name & Phone #		
Company Pension		
Plan Administrator		
Contact Name & Phone #		
Union Pension		
Union Name & Local #		
Plan Administrator		
Contact Name & Phone #		
401(k) 403(b) Plan		
Plan Administrator		
Contact Name & Phone #		
401(k)/403(b) Plan		
Plan Administrator		
Contact Name & Phone #		

PROPERTY		
TYPE	DESCRIPTION	LOCATION
Real Estate		
Real Estate		
Real Estate		
Auto		
Auto		
Boat		
RV		
Motorcycle		
Art Work		
Jewelry		
Collections		
Other		
Other		

b. Liabilities

In addition to your assets, your Executor/Administrator or family will need information about any outstanding debts that you have. To simplify the process, compile your liability information below.

LOANS		
TYPE	ACCOUNT #	LENDER NAME
1st Mortgage		
2nd Mortgage		
Home Equity Line of Credit		
Reverse Mortgage		
Auto		
Auto		
Boat		
Personal		
Other		
RV		
Motorcycle		
Other		
Other		

CREDIT CARDS			
COMPANY NAME	CARD #	EXP. DATE	PHONE #

D. Social Media/Entertainment

Username/E-mail

Password

Facebook

Instagram

Twitter

Snapchat

Other

Website

Email Provider

Email Provider

Cloud Services

Other/ Notes

