



LAFAYETTE
MEMORIAL PARK
CEMETERY & MAUSOLEUM

EMERGENCY RECORD GUIDE



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“By failing to prepare,
you are preparing to fail”

-Benjamin Franklin

A MESSAGE TO MY/OUR FAMILY

Dear Loved Ones,

I (we) have thought deeply about my (our) final arrangements and have made these preparations in order to minimize the stress you will face at the time of my (our) death. I (we) know the grieving process may be difficult, but I (we) hope this guide will eliminate any additional chaos and confusion.

In this planning guide, I (we) have recorded all the information you will need to proceed with my (our) desired arrangements. I (we) sincerely hope that it will relieve you of undue anxiety, expenses, and inconvenience. I (we) love you and do not want my (our) passing to burden you.

If you give this guide to my (our) funeral director/ ceterian, everything will be conducted in accordance with my (our) wishes. I (we) hope you will find my (our) chosen arrangements to be a fitting representation of who I am (we are), and I (we) hope they will leave you with warm memories of the time we spent together.

I am (we are) entrusting you to carry out my (our) final wishes, which are detailed in this guide, to the best of your ability.

Love,

(Signature)

(Print Name/ Date)

(Signature)

(Print Name/ Date)



“As a well spent day brings happy sleep, so a
life well spent brings a happy death”

-Leonardo Da Vinci

ABOUT THIS GUIDE

Losing a loved is one of the most difficult inevitabilities of life. Though we understand loss to be a natural part of life, we too often think of the event as some distant possibility of the future. Therefore, we are just as often unprepared for the burdens of death.

This guide was designed to address these burdens head on. Here, you can record virtually all of the important personal and financial information your family and friends will need in case of an emergency.

This guide is as useful as you make it. By keeping it up to date, you will provide an accurate, readily available reference for your family and friends. By taking the time to fill in these pages, you will gain peace of mind in knowing your loved ones will be guided by your precise wishes.

You will also eliminate much of the chaos that typically comes with death (i.e., funeral/ burial arrangements, financial records, those to be notified, location of will, directions for your living will, etc.).

When you complete this guide, please keep it in a secure and easily accessible place for your loved ones.



PRE-PLANNING



Pre-Planning

Pre-planning your funeral is one of the most thoughtful and caring things you can do for your family. Our Family Counselors will help you, custom design your final arrangements that fit your specific needs and budget. Call us at 910.488.5422 to get started. Here are some of the tremendous benefits of pre-planning:

Emotional Benefits

- Eases your family's emotional stress
- Ensures your final wishes will be known
- Gives you more time to consider your options
- Provides you with peace of mind

Financial Benefits

- Relieves your family of financial burden
- Take advantage of pre-planning savings
- Protects you from Inflation
- Allows more your assets to go to your family members
- Prevents your family from emotional overspending

Other Benefits

- Better lot selection
- Allows you to keep family members together by purchasing companion or family lots

Payment Options

To make Pre-planning even easier we accept all major forms of payment. We also offer great financing terms in terms of 12, 24, or 36 months. For more information, consult one of our Family Counselors.



CHECKLIST/ THINGS TO DO

When a death occurs, you need to make some important decisions very quickly. We understand this will be a difficult time for you and your family, so we want you to know that our staff is here to help. To make things a little easier, we have put together this comprehensive checklist to guide you through the steps you'll need to take.

Notification

Notify the following people and companies as soon as possible. If the deceased is an organ donor, notify the proper authorities.

- ☐ Doctor or Coroner
- ☐ Funeral Director
- ☐ Cemetery
- ☐ Priest, Minister, Celebrant, etc.
- ☐ Relatives and Friends
- ☐ Pallbearers
- ☐ Employer of the deceased
- ☐ Insurance agents
- ☐ Lawyer and executor
- ☐ Banks and credit card companies.

Make Contact

- ☐ Set up a time to meet with the funeral director, cemetery representative, and clergy
- ☐ Determine who will be responsible for the funeral expenses. If they are to be shared, make sure your funeral director is aware of that.
- ☐ Be prepared to provide the funeral director with:
 - Name and location of deceased
 - Your information and relationship to deceased
 - Name and contact information for next of kin

Gather Information

Gather the following information, which you will need for the death certificate, funeral home and obituary.

- ☐ Name, address and phone number
- ☐ Social security number
- ☐ Date and place of birth
- ☐ Occupation and title (even if retired)
- ☐ Deceased parents' names and birthplaces
- ☐ Information about the deceased's education

Collect Documents

- ☐ Will
- ☐ Birth certificate (provides legal proof of age)
- ☐ Marriage license (if applicable)
- ☐ Veterans discharge certificate (DD214)
- ☐ Insurance policies (life, health, property, etc.)
- ☐ Bank records
- ☐ Cemetery/ Funeral home pre-arrangement documents

Funeral Preparations

You will need to make the following selections:

- ☐ Type of service (religious, secular, military, etc.)
- ☐ Selections from scriptures, literature, etc.
- ☐ Cemetery, lot and memorial
- ☐ Casket or urn type
- ☐ Vault or outer case
- ☐ Clothing and jewelry for deceased
- ☐ Names of pallbearers
- ☐ Transportation (including funeral car list)
- ☐ Flowers and music
- ☐ Provide funeral information for interested parties
- ☐ Prepare obituary
- ☐ Prepare funeral program
- ☐ Prepare thank you cards
- ☐ Prepare and sign documents for burial permit
- ☐ Order 6 copies of death certificate

Miscellaneous

- ☐ Clean and ready your home, order food
- ☐ Provide lodging information for out-of-town guests
- ☐ Answer phone calls, messages and letters
- ☐ Greet friends and relatives who call
- ☐ Make caller and tribute list for thank you cards

WILL AND DOCUMENT LOCATIONS

The Will

Everyone needs to be safeguarded by a properly drawn and executed will. A will is one of the most thoughtful protections you can give to your beloved survivors. Without a will, the state takes over and your assets are distributed according to established laws of succession, as opposed to distribution according to your wishes. Please consult your family lawyer for guidance. Homemade or do-it-yourself wills often do not stand up in court.

Keep in mind that the preparation of your will is not a one-time event. Your will should be reviewed every few years as your family status, obligations, tax laws, and wishes change. An up-to-date will is the only way you can control the distribution of your assets and property at death. It is very important.

Will Information

Name	Date of Will	Location of Will

Document Locations

Instructions:

Please indicate the location of each document listed below by inserting the proper alphabetical code to the left of the document description. Please refer to the example document and select from the following codes. If you select "E" for "elsewhere," indicate where that document is located to the right of the document name.

Key

H – Home O – Office L – Lawyer S – Safe Deposit Box E – Elsewhere

#	Example Document		Marriage License
	Bank Statements		Military Papers
	Birth Certificate		Social Security Cards
	Checkbook		Tax Returns
	Cemetery Documents		Titles
	Deed to Home		Veteran's Discharge Papers (DD214)
	Diplomas		Other
	Insurance Policies		Other

INSURANCE/ INVESTMENTS

Life Insurance Policies

Primary Beneficiary	Company/ Agent	Phone/ Email Address

Accident/ Health Insurance

Person Covered	Company/ Agent	Phone/ Email Address

Financial Advisor

Company	Agent	Phone/ Email Address

Checking, Savings, Stock, Bonds, etc.

Type of Account	Bank	Ownership

Real Estate Investments

Property Type	Location	Mortgage Company

MY LIFE RECORD

Personal Information

First Name	Middle Name	Last Name
Address	City	State/ Zip
Social Security Number (last 4 digits)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Other	
Phone Number	Date of Birth	Birthplace
Fathers Name	Birthplace	
Mother's Maiden Name	Birthplace	

Employment/ Education

Current Employer	Title	From/ To
Previous Employer	Title	From/ To
Professional Achievements		
Schools Attended	Degree(s)	Class of

Miscellaneous

Civic or Public Offices Held
Special Achievements & Recognition

Veteran Information

Served in the United States: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Other		
Rank	Dates Served	Served in these Wars
Enlistment Date	Discharge Date	
Location of Discharge Certificate		
Citations, Recognitions, Medals		

MEMORIAL INSTRUCTIONS

Cemetery Services

My cemetery is: ☐ Lafayette Memorial Park ☐ Other: _____

I wish to be: ☐ Entombed ☐ Buried ☐ Cremated

Section

Lot #

Space #

Cemetery Representative

My burial service has been prepaid ☐ Yes ☐ No

Burial Essentials

Vault	<input type="checkbox"/> Lafayette Memorial Park <input type="checkbox"/> Funeral Home <input type="checkbox"/> Other: _____		
	My vault/ outer burial container has been prepaid: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Casket	<input type="checkbox"/> Funeral Home <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other: _____		
	Exterior Color :	<input type="checkbox"/> Open Casket <input type="checkbox"/> Closed Casket	
	Interior Color:	Prepaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Wardrobe	Clothing: <input type="checkbox"/> Current <input type="checkbox"/> New <input type="checkbox"/> Other		Wedding Ring: <input type="checkbox"/> On <input type="checkbox"/> Off
	Jewelry:	Disposition: <input type="checkbox"/> Stays On <input type="checkbox"/> Return to Family	
	Return Jewelry to: _____		
Headstone	<input type="checkbox"/> Lafayette Memorial Park <input type="checkbox"/> Other: _____		
	Prepaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	
	Inscription		

Funeral Services

My funeral home is:

Funeral Director

My burial service has been prepaid ☐ Yes ☐ No

Service Details

☐ Church ☐ Temple ☐ Cemetery Chapel ☐ Funeral Chapel ☐ Grave Side ☐ Military

Place/ Address

Military Organizations Participating

Flag: ☐ Yes ☐ No

Display: ☐ Folded ☐ Draped

Scripture/ Hymns

Music Selections

Soloist



9

Did you know, Headstones **should always** be ordered through your cemetery. Not only do they know all the requirements, but they will also **always** be there to properly maintain it.

SPOUSE'S LIFE RECORD

Personal Information

First Name	Middle Name	Last Name
Address	City	State/ Zip
Social Security Number (last 4 digits)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Other	
Phone Number	Date of Birth	Birthplace
Fathers Name	Birthplace	
Mother's Maiden Name	Birthplace	

Employment/ Education

Current Employer	Title	From/ To
Previous Employer	Title	From/ To
Professional Achievements		
Schools Attended	Degree(s)	Class of

Miscellaneous

Civic or Public Offices Held
Special Achievements & Recognition

Veteran Information

Served in the United States: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Other		
Rank	Dates Served	Served in these Wars
Enlistment Date	Discharge Date	
Location of Discharge Certificate		
Citations, Recognitions, Medals		

SPOUSE'S MEMORIAL INSTRUCTIONS

Cemetery Services

My cemetery is: ☐ Lafayette Memorial Park ☐ Other: _____

I wish to be: ☐ Entombed ☐ Buried ☐ Cremated

Section

Lot #

Space #

Cemetery Representative

My burial service has been prepaid ☐ Yes ☐ No

Burial Essentials

Vault	<input type="checkbox"/> Lafayette Memorial Park <input type="checkbox"/> Funeral Home <input type="checkbox"/> Other: _____		
	My vault/ outer burial container has been prepaid: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Casket	<input type="checkbox"/> Funeral Home <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other: _____		
	Exterior Color :	<input type="checkbox"/> Open Casket <input type="checkbox"/> Closed Casket	
	Interior Color:	Prepaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Wardrobe	Clothing: <input type="checkbox"/> Current <input type="checkbox"/> New <input type="checkbox"/> Other		Wedding Ring: <input type="checkbox"/> On <input type="checkbox"/> Off
	Jewelry:	Disposition: <input type="checkbox"/> Stays On <input type="checkbox"/> Return to Family	
	Return Jewelry to: _____		
Headstone	<input type="checkbox"/> Lafayette Memorial Park <input type="checkbox"/> Other: _____		
	Prepaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	
	Inscription		

Funeral Services

My funeral home is:

Funeral Director

My burial service has been prepaid ☐ Yes ☐ No

Service Details

☐ Church ☐ Temple ☐ Cemetery Chapel ☐ Funeral Chapel ☐ Grave Side ☐ Military

Place/ Address

Military Organizations Participating

Flag: ☐ Yes ☐ No

Display: ☐ Folded ☐ Draped

Scripture/ Hymns

Music Selections

Soloist



Did you know, Headstones **should always** be ordered through your cemetery. Not only do they know all the requirements, but they will also **always** be there to properly maintain it.

FAMILY REGISTER

Children

Name

Address

Phone/ Email

Siblings

Name

Address

Phone/ Email

Relatives/ Friends

Name

Address

Phone/ Email

Professionals

Doctor

Phone

Email

Financial Advisor

Lawyer

Funeral Director

CREMATION/ ORGAN DONORS

Cremation

Lafayette Memorial Park offers many options including cremation including ground burial, mausoleum, niches, columbaria and even a scatter garden.

There are two very important considerations that should be met: Even if cremation is chosen for simplicity, the mourners should not be deprived of opportunity for prayer, remembrance and closure; that a grave site service would allow. Cremated remains should not be stored indefinitely at home. Cremated remains are the body in a different form thus, deserving a respectful final resting place on sacred ground.



Donation of Bodies or Organs to Medical Science

The family of the donor should be encouraged to celebrate a memorial as soon as possible after the person's passing. Depending on the circumstances of the donation, the donor's family may choose to have a time for visitation. Whatever remains of the donor's body after medical research should be given a proper burial. The rite of committal with final commendation might appropriately include prayers or a moment of remembrance for the recipient and the recipients family.

THE LIVING WILL

Today more than ever, issues concerning "death with dignity" or the "right to die" have received increased attention. As advances in medical and scientific techniques find new ways to maintain bodily functions, keeping the human machine alive, more people have become concerned with "quality of life" issues, in contrast to simple continued existence.

On June 25, 1990, the Supreme Court ruled in the Nancy Cruzan case that Americans do have a constitutional "right to die," and indicated that a Living Will or Durable Power of Attorney may be the best way to protect that right.

Issues concerning the use of "heroic measures" to sustain life, and quality of life issues, are very personal and very important to consider. We recommend that you and your family discuss these issues, to avoid the uncertainty that could arise at the difficult time of serious, prolonged illness.

Today, most states have Living Will statutes, specifying which anyone can copy and sign according to state law.

On the next page is a Living Will in general language, drafted by the Choice In Dying organization. **This document may or may not meet the specifications in your state, so you are encouraged to check further. As with all your important decisions, we encourage you to consult with an attorney.**

You may obtain additional information in regard to your state, or about this issue, by visiting the Caring Connection's website at www.caringinfo.org or by calling 1-800-658-8898

Instructions

- A** This declaration sets forth your directions regarding medical treatment.
- B** You have the right to refuse treatment you do not want, and may request the care you do want.
- C** You may list specific treatment you do not want. For example:
 - Cardiac resuscitation
 - Mechanical respiration
 - Artificial feeding/ fluids by tubeOtherwise, your general statement in section "A" will stand for your wishes.
- D** You may want to add instructions or care you do want – for example, pain medications; or that you prefer to die at home if possible.
- E** If you want, you can name someone to see that your wishes are carried out, but you do not have to do this.
- F** Sign and date here in the presence of two adult witnesses, who should also sign.

Keep the signed original with your personal papers at home. Give signed copies to doctors, family and proxy. Review your Declaration from time to time; initial and date it to show it still expresses your intent.

These Living Will Declaration forms are reprinted by permission of the Society for the Right to Die, strictly for the convenience of those persons who may wish to make such a declaration.

The inclusion of this information in the **Emergency Record Guide** should not be construed as a reflection of the opinions or attitudes of the members of the International Cemetery and Funeral Association.

LIVING WILL DECLARATION

A I _____, being of sound mind, make this statement as a directive to be followed if I become unable to participate in decisions regarding my medical care. If I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying. I further direct that treatment be limited to measures to keep me comfortable and to relieve pain.

B These directions express my legal right to refuse treatment. Therefore I expect my family, doctors, and everyone concerned with my care to regard themselves as legally and morally bound to act in accord with my wishes, and in so doing to be free of any legal liability for having followed my directions.

C I especially do not want:

D Other instructions/ comments:

E Proxy Designation Clause: Should I become unable to communicate my instructions as stated above, I designate the following person to act in my behalf:

Name	
Phone	Email
Address	City, State Zip Code

If the person I have named above is unable to act on my behalf, I authorize the following person to do so:

Name	
Phone	Email
Address	City, State Zip Code

F This Living Will Declaration expresses my personal treatment preferences. The fact that I may have also executed a document in the form recommended by state law should not be constructed to limit or contradict this Living Will Declaration, which is an expression of my common-law and constitutional rights.

Printed Name	Signature	Date
Witness Printed Name	Signature	Date
Witness Printed Name	Signature	Date

REQUEST FOR SOCIAL SECURITY STATEMENT

PART 1 OF 3

Social Security Administration

Form Approved
OMB No. 0960-0466

Request for Social Security Statement

Within four to six weeks after you return this form, we will send you:

- A record of your earnings history;
- An estimate of how much you have paid in social security taxes; and
- Estimates of benefits you (and your family) may be eligible for now and in the future.

Please note: If you have been receiving a Social Security Statement each year about three months before your birthday, this request will stop your next scheduled mailing. You will not receive a scheduled statement until the following year.

We hope you will find the statement useful in planning your financial future. Remember, Social Security is more than a program for retired people. It helps people of all ages in many ways. For example, it can help support your family when you die and pay you benefits if you become severely disabled.

If you have any questions about Social Security or this form, please call our toll-free number, **1-800-772-1213 (TTY 1-800-325-0778)**.

☐ Please check this box if you want to get your *Statement* in Spanish instead of English.

Please print or type your answers. When you have completed the form, mail it to:

**Social Security Administration
Wilkes Barre Data Operations Center
P.O. Box 7004
Wilkes Barre, PA 18767-7004**

1. Name shown on your Social Security card:

First Name: Middle Initial:

Last Name:

2. Your Social Security Number as shown on your card: - -

3. Your date of birth (Month-Day-Year): / /

4. Other Social Security numbers you have used: - -
 - -

5. Your sex: ☐ Male ☐ Female



REQUEST FOR SOCIAL SECURITY STATEMENT

PART 2 OF 3

For items 6 and 8, show only earning covered by Social Security. Do NOT include wages from state, local or federal government employment that are NOT covered by Social Security or that are covered ONLY by Medicare.

6. Show your actual earning (wages and/or net self-employment income) for last year and your estimated earnings for this year.

A. Last year's actual earnings: \$

--	--	--	--	--	--	--

 . 0 0 (Dollars Only)

B. This year's estimated earnings: \$

--	--	--	--	--	--	--

 . 0 0 (Dollars Only)

7. Show the age at which you plan to stop working:

		(Show only one age)
--	--	---------------------

8. Below, show the average yearly amount (not your total future lifetime earnings) that you think you will earn between now and when you plan to stop working. Include performance or scheduled pay increases or bonuses, but not cost-of-living increases.

If you expect to earn significantly more or less in the future due to promotions, job changes, part-time work or an absence from the work force, enter the amount that most closely reflects your future average yearly earnings.

If you don't expect any significant changes, show the same amount of earning now (the amount in 6B).

Future average yearly earnings: \$

--	--	--	--	--	--

 . 0 0 (Dollars Only)

9. Do you want us to send the *Statement*:

- To you? Enter your name and mailing address.
- To someone else? (your accountant, pension plan, etc.)? Enter your name with "c/o" and the name and address of that person or organization.

[illegible]

"C/O" or Street Address (Include Apt. No., P.O. Box, Rural Route)

[illegible]

Street Address

[illegible]

Street Address (If foreign Address, enter City, Province, Postal code)

[illegible]

U.S. City, State, ZIP code (If foreign Address, enter Name of Country only)

NOTICE:

I am asking for information about my own Social Security record or the record of a person I am authorized to represent. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I authorize you to use a contractor to send the *Social Security Statement* to the person and address in item 9.



Please sign your name (Do Not Print)

(Area Code) Daytime Telephone Number

17

Date

REQUEST FOR SOCIAL SECURITY STATEMENT

PART 3 OF 3

Privacy Act Statement

Sections 205(a), 205(c)(2), and 1143(a)(2) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to accurately identify your Social Security earnings records, extract the recorded earnings history and to produce the requested statement.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent the issuance of a Social Security account statement

We rarely use the information you supply us for any purpose other than to identify your Social Security earnings records and issue a Social Security account statement. We may disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We also may use the information you give us in computer matching programs. Matching programs compare our records with records kept by other Federal, State and local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of benefits or delinquent debts under these programs.

A complete list of routine uses of the information you provided us is available in our Systems of Records Notice entitled, Earnings Recording and Self-Employment Income System, Social Security Administration, Office of Systems, 60-0059. This notice, additional information regarding this form, and information regarding our programs and systems, are available online at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Notice

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

ADDITIONAL RESOURCES AND NOTES

Benefits and Living Wills

Listed below are websites that provide information about benefits to which you or your loved one may be entitled, and the U.S. Living Will Registry. We encourage you to take advantage of these helpful resources.

Social Security Benefits: www.ssa.gov

Veterans Benefits: www.benefits.va.gov

Living Wills: www.uslivingwillregistry.com

Cemetery Resources: www.LMPNC.com

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

A NOTE FROM US



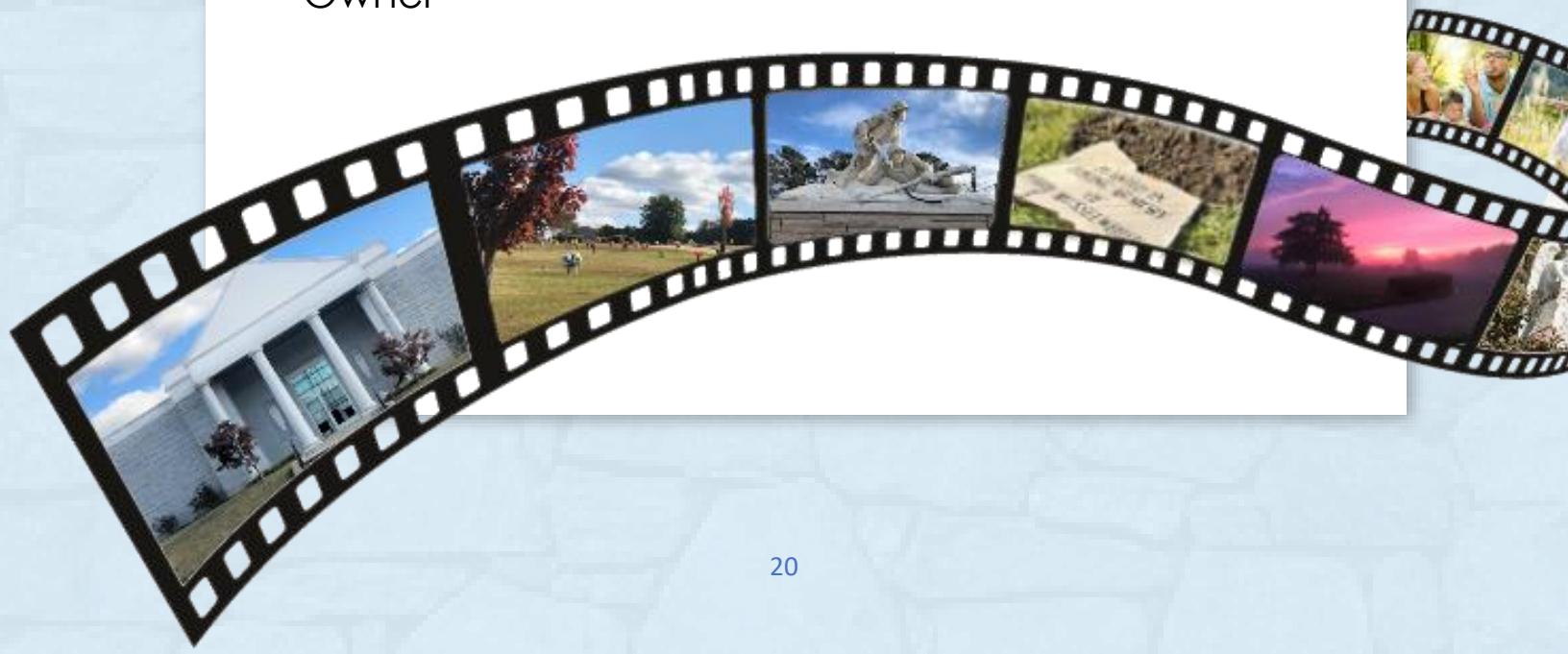
Dear Families,

On behalf of everyone at Lafayette Memorial Park, we thank you for entrusting us with your needs or those of your loved ones. We know you have a lot of choices and we are profoundly grateful you selected us. We promise we will do everything we can to protect and honor those you have placed in our care and ensure that this sacred place is well maintained now and indefinitely.

Sincerely,



Owner





LAFAYETTE
MEMORIAL PARK
CEMETERY & MAUSOLEUM

2301 RAMSEY ST.
FAYETTEVILLE, NC 28301
910.488.5422
www.LMPNC.com