

Mortal Matters

A Guide To Make Funeral Planning Easier for Your Family



It is my wish that you be spared unnecessary expense, anxiety, and inconvenience at the time of my death. This document provides information, which I have recorded, and a plan that represents arrangements I have made in advance. I have taken this step in a spirit of love, feeling that you would be burdened by greater distress if these decisions were left for you to make with no indication of my specific wishes. Though these arrangements may not be legally binding, I trust they will help to avoid any confusion, which might arise because of doubts or lack of planning. It is my sincere hope that my planning will now endure as an expression of love for our family.

Personal Information

Name: _____

Address _____

Birthplace: _____

Birth date: _____ SS #: _____

Highest grade completed: _____

Occupations: _____

Employed by: _____

Retired from: _____

Business Address: _____

Marital status: Married Single Divorced Widow(er)

Veteran Branch: _____

Service Number: _____

Father's name: _____

Father's birthplace: _____ Date: _____

Mother's name (include maiden): _____

Mother's birthplace: _____ Date: _____

Spouse's name (include maiden): _____

Spouses birthplace: _____ Date: _____

The information above will be necessary for the preparation of a death certificate. The funeral director will record it and have certified copies made. *Twenty (20) copies should be adequate in most situations.*

Miscellaneous

The executor of my will is: _____

I have named the following as guardians or conservators: _____

Date of my last will: _____

I have added codicils to my last will. I have not added codicils to my last will.

Please call _____ to take my pet.

Immediate Family To Be Notified of My Death

Name: _____ Phone: () _____
Name: _____ Phone: () _____
Name: _____ Phone: () _____
Name: _____ Phone: () _____
Name: _____ Phone: () _____
Name: _____ Phone: () _____
Name: _____ Phone: () _____

Persons To Be Notified of My Death

Name: _____ Phone: () _____
Name: _____ Phone: () _____
Name: _____ Phone: () _____
Name: _____ Phone: () _____
Name: _____ Phone: () _____
Name: _____ Phone: () _____
Name: _____ Phone: () _____

Organizations To Be Notified

Name: ShareCare Phone: (231) 386-2273
Name: _____ Phone: () _____
Name: _____ Phone: () _____
Name: _____ Phone: () _____

Location of the Following:

Birth Certificate: _____
Children’s Birth Certificates: _____
Marriage Certificate: _____
Deeds to Property: _____
Mortgages and Notes: _____
Will: _____
Living Will: _____
Health Care Power of Attorney: _____
Durable Power of Attorney: _____
Trust Agreements: _____
Military Discharge Papers: _____
Service Serial Number: _____
Income Tax Records: _____
Life Insurance Policies: _____
Accident and Health Policies: _____
Stock Certificates and Bonds: _____
Certificate of Ownership, Cemetery Plot: _____
Automobile Title: _____
Passwords to Online Accounts: _____
Computer Passwords: _____
Other: _____
Other: _____

Documents and Personal Papers:

Financial Advisor: _____ Phone: () _____
Attorney: _____ Phone: () _____
Accountant: _____ Phone: () _____
Name of Bank: _____
Type of Account: _____
Name of Bank: _____
Type of Account: _____
Name of Bank: _____
Type of Account: _____

Safety Deposit Box:

Name of Bank: _____ Box Number: _____
Name of those w/ access: _____ Phone: () _____
Location of Keys: _____

Insurance Instructions:

Company: _____
Address: _____ Phone: () _____
Policy Number: _____ Amount: _____
Beneficiary: _____
Annuity Company: _____
Address: _____ Phone: () _____
Policy Number: _____ Amount: _____

Funeral and Burial Directions

Funeral Home: _____
Address: _____
Phone: _____
 My funeral has been prepaid. My funeral has not been prepaid.
I have purchased cemetery plots(s) at: _____
Type of marker: _____
I prefer the following individuals to plan arrangements:
Name: _____ Phone: () _____
Name: _____ Phone: () _____
Clergyman: _____ Phone: () _____
Church address: _____

I prefer:

<input type="checkbox"/> Open Service <input type="checkbox"/> Private Graveside Rites <input type="checkbox"/> Open Memorial Service <input type="checkbox"/> Open Graveside Rites	<input type="checkbox"/> That my family be allowed to view my body. <input type="checkbox"/> That my family <u>not</u> be allowed to view my body. <input type="checkbox"/> My casket be open for viewing during the hours preceding the service. <input type="checkbox"/> My casket closed during the hours preceding the service.
<input type="checkbox"/> Ground plot <input type="checkbox"/> Mausoleum <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> No preference	<input type="checkbox"/> A military burial. Branch: _____ <input type="checkbox"/> That I <u>not</u> have a military burial. <input type="checkbox"/> A fraternal service. Affiliation: _____ <input type="checkbox"/> That I do <u>not</u> have a fraternal service. <input type="checkbox"/> Disposition of ashes: _____

Biographical Information (for obituary)

High school: _____
Dates attended: _____
College: _____
Dates attended: _____
Graduation date: _____
Degree: _____
College: _____
Dates attended: _____
Graduation date: _____
Degree: _____
Employment: _____
Volunteer involvement: _____
Civic organizations: _____
Special recognition: _____
Service record: _____
Other: _____

My Wishes For the Service include:

Favorite Scripture: _____
Favorite Scripture: _____
Favorite Hymn: _____
Favorite Hymn: _____
Favorite Hymn: _____
Special Music: _____
Special Music: _____

It is my wish to have sharing from members of the congregation .

It is not my wish to have sharing from members of the congregation .

Other (clothing, flowers, etc.): _____

Personal thoughts I'd like expressed: _____

Memorial Gifts May Be Give To:

Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____

Notes: _____



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