

Pre Planning Your Final Arrangements

Personally prepared by:
Dear Family and Friends,
This is an outline of my final wishes and additional information that will be helpful in completing any necessary forms. It is my hope that this information provides comfort and guidance with making final arrangements and rather than burdened with so many decisions, you will be free to remember the happy years we shared together.
Love,
Sign:
Date:
Witness:

Important notice to preparer:

This booklet should be readily available to your family and friends at all times. It is strongly recommended that you involve your family and notify them of the location of this book. Do not keep in a safety deposit box or with a will since it may not be found until after the services have taken place.

Service Preferences

Today there are unlimited options with planning funeral and memorial services. The services can be designated to be as special and unique as the individual. When planning services, we suggest that you use this section as a guidance for your loved ones. Since the service is primarily for the benefit of the survivors, it is important to consider the needs of your family. Your family may also find healing with being involved in planning some of the details of the services.

Phone:	Relation:
Visitation/Gatherin	g (For both earth burial and cremation services
	ation with public viewing. ation with no viewing. or urn present)
	at: Funeral home Church Other
	private, family only viewing.
☐ I do not not want a	a visitation or viewing.
Service: (For both ear	th burial and cremation services)
Services to be held at	
Clergy/Officiant:	
Soloist:	
Organist/Pianist:	
D. 111.	Pallbearers:

Disposition

☐ Earth Burial (with casket)
Name of Cemetery:
Location of Cemetery:
Is the grave already owned?YesNo
If yes, please provide any possible details such as the section, lot number or family plot the grave is in:
□ Cremation
Name of Cemetery:
Location of Cemetery:
Is the grave already owned?YesNo
If yes, please provide any possible details such as the section, lot number or family plot the grave is in: Other Wishes:

Vital Statistics

Full Legal Name: First	
	Last
Maiden Name	
Marital Status: Married	Divorced Widowed Never Married
Spouse's Name	
If wife, specify maiden name_	
Current Address: Street	
City	Zip Code
State	County
Date of Birth:	
Place of Birth:	
Years of Primary/Secondary Educ	eation: (0-12)
Years of College:	Degree:
U.S.Veteran? Yes	No
If yes, which branch of service	e:Conflicts:
Serial No.:	Rank:
Date of Entry:	Discharge Date:
(You may want to keep Parents' Name:	a copy of the discharge paper with this booklet)

Occupation and Family Members

Occupation:	
Which type of business or industry did you work?	
en and their locations of residence:	
ers and Sisters and their locations of residence:	
(if wanted to mention)	
	en and their locations of residence: rs and Sisters and their locations of residence:

Background

Where did you grow up?			
Which school did you attend?			
Graduation date(s) & certificates/degrees earned?			
If married, where did you get married?			
Marriage date:			
Religious, fraternal and charitable organizations you belong to:			
Achievements: (Personal and/or professional):			
Hobbies:			
Additional Background Information:			

Other Information

In lieu of flowers, donations can be made to:				
Newspapers to place obituary in:				
Other Instructions:				

