

Preplanning Guide

A GUIDE TO PLANNING YOUR FUNERAL

A funeral preplanning guide helps to ensure that your personal wishes are carried out exactly as you want, and can help support your loved ones at a time when they need it most. By completing it, your services will be less stressful, more thoughtful and—above all—more memorable.

INSTRUCTIONS:

- Print this PDF and complete for your family. If you wish to make changes, you can reprint any pages you wish to update.
- Your planning guide should be kept in a safe place that is readily accessible to your family. It should not be kept in a safety deposit box.
- If you have questions, contact your funeral home. They will also be happy to keep a copy of your information on file.



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A decorative graphic consisting of a purple butterfly and green leaves.

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To those I love

Dear loved ones,

The following information contains my final wishes upon my death. I hope it will avoid confusion or uncertainty, and serve as a source of reassurance. It is my hope that you'll honor my wishes as much as possible. Upon my death, please notify the following people:

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PRINTED NAME

SIGNATURE

DATE



Legal information

The following information is vital for the death certificate, which is filed and registered. Please complete the answers using legible print, or have someone complete it for you.

FULL LEGAL NAME: _____

MAIDEN NAME (IF APPLICABLE): _____

FULL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ SEX: MALE FEMALE

BIRTH PLACE: _____ RACE: _____

FATHER'S NAME: _____ DECEASED: YES NO

MOTHER'S NAME: _____ DECEASED: YES NO

MARITAL STATUS: MARRIED WIDOWED DIVORCED LEGALLY SEPARATED

NAME OF SPOUSE: _____ WEDDING DATE: _____

IF SPOUSE IS DECEASED, DATE OF DEATH: _____

NAME OF SPOUSE: _____ WEDDING DATE: _____

IF SPOUSE IS DECEASED, DATE OF DEATH: _____

NAME OF SPOUSE: _____ WEDDING DATE: _____

IF SPOUSE IS DECEASED, DATE OF DEATH: _____

NAME OF CHILDREN:

_____ DECEASED: NO YES DATE: _____

_____ DECEASED: NO YES DATE: _____

_____ DECEASED: NO YES DATE: _____

_____ DECEASED: NO YES DATE: _____

_____ DECEASED: NO YES DATE: _____

_____ DECEASED: NO YES DATE: _____

_____ DECEASED: NO YES DATE: _____

_____ DECEASED: NO YES DATE: _____



Personal history

The following information is useful for the obituary and family archives. Please complete the answers using legible print, or have someone complete it for you.

EDUCATION:

HIGH SCHOOL: _____ ATTENDANCE DATES: _____

H.S. DIPLOMA G.E.D. DID NOT GRADUATE

COLLEGE: _____ ATTENDANCE DATES: _____

SOME COLLEGE TECHNICAL CERTIFICATION

2-YEAR DEGREE IN _____

4-YEAR DEGREE IN _____

MASTERS DEGREE IN _____

PH.D. DEGREE IN _____

OCCUPATION:

EMPLOYER: _____ YEARS WITH EMPLOYER: _____

POSITION(S): _____

EMPLOYER: _____ YEARS WITH EMPLOYER: _____

POSITION(S): _____

EMPLOYER: _____ YEARS WITH EMPLOYER: _____

POSITION(S): _____

EMPLOYER: _____ YEARS WITH EMPLOYER: _____

POSITION(S): _____

ADDITIONAL INFORMATION:



Military Service

The following information is useful for the obituary and family archives. Please complete the answers using legible print, or have someone complete it for you.

MILITARY BRANCH: _____ PENSION/VA #: _____

INDUCTION DATE: _____ SERIAL NUMBER: _____ RANK: _____

WARS SERVED: _____ DATES: _____

WARS SERVED: _____ DATES: _____

WARS SERVED: _____ DATES: _____

WARS SERVED: _____ DATES: _____

DECORATIONS: _____ FOR: _____

DECORATIONS: _____ FOR: _____

DECORATIONS: _____ FOR: _____

DECORATIONS: _____ FOR: _____

ADDITIONAL INFORMATION:



Funeral preferences

The following information is useful for your loved ones to know your wishes. Please complete the answers using legible print, or have someone complete it for you.

DO YOU HAVE A FUNERAL PLAN IN PLACE?

YES. SEE BELOW.

FUNERAL HOME: _____

ADDRESS: _____

FUNERAL DIRECTOR OR CONTACT: _____

PHONE: _____ EMAIL: _____

LOCATION OF PRE-ARRANGED DOCUMENTATION: _____

NO. SEE PREFERENCES BELOW.

FUNERAL HOME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

RELIGIOUS BELIEF TO BE HONORED: _____

RELIGIOUS AFFILIATION: _____ PLACE OF WORSHIP: _____

TYPE OF SERVICE: _____ CLERGYMAN: _____

FUNERAL SERVICE PREFERENCES

I PREFER A SERVICE TO BE HELD AT THE FOLLOWING LOCATION:

FUNERAL HOME: _____

CHURCH: _____

ONLY A GRAVESIDE CEREMONY AT: _____

ONLY A MEMORIAL CEREMONY AT: _____

OTHER: _____



I PREFER THE FOLLOWING SERVICE ARRANGEMENTS:

MILITARY CEREMONY LODGE CEREMONY OTHER CEREMONY: _____

VIEWING ONLY AT THE FUNERAL HOME PRIOR TO CEREMONY

GLASSES TO BE WORN: YES NO GLASSES TO REMAIN WITH ME: YES NO

REMOVE MY GLASSES BEFORE INTERMENT AND RETURN TO: _____

OPEN CASKET VIEWING FOLLOWED BY BURIAL (see instructions for glasses above)

OPEN CASKET VIEWING FOLLOWED BY CREMATION (see instructions for glasses above)

CREMATION WITHOUT VIEWING

BURIAL WITHOUT VIEWING

I HAVE NO BURIAL PREFERENCE

MY PREFERENCES REGARDING DISPOSAL OF MY BODY:

GROUND BURIAL AT THIS CEMETERY: _____

I HAVE A PURCHASED PLOT I DON'T HAVE A PURCHASED PLOT

MAUSOLEUM AT: _____

I HAVE A PURCHASED CRYPT I DON'T HAVE A PURCHASED CRYPT

I PREFER THAT MY CREMATED REMAINS BE INTERRED IN A:

BURIAL PLOT MAUSOLEUM SCATTERED AT _____

_____ OTHER:

I WISH TO HAVE A HEADSTONE/MARKER

HEADSTONE/MARKER TYPE AND DETAILS: _____

INSCRIBED WITH THE FOLLOWING: _____

NO PREFERENCE FOR TYPE OF MARKER OR INSCRIPTION



I PREFER THE FOLLOWING CEREMONY ARRANGEMENTS:

FLOWERS: YES NO

NO MUSIC

PRERECORDED MUSIC

SONG: _____

SONG: _____

SONG: _____

LIVE MUSIC SOLO DUET QUARTET CHOIR ORGAN PIANO OTHER: _____

PERFORMED BY: _____

SONG: _____

SONG: _____

SONG: _____

CONGREGATIONAL SINGING

SONG: _____

SONG: _____

SONG: _____

READINGS:

BIBLE VERSES POETRY (attach to this plan) READINGS (attach to this plan)

BIBLE VERSE: _____

BIBLE VERSE: _____

BIBLE VERSE: _____

I PREFER THE FOLLOWING IN ATTENDANCE:

IMMEDIATE FAMILY ONLY FAMILY AND FRIENDS PUBLIC NOTHING

I PREFER THE FOLLOWING CASKETBEARERS:



Obituary information

The following information is useful for your loved ones to write an obituary. Please complete the answers using legible print, or have someone complete it for you.

I WOULD LIKE THE FOLLOWING ITEMS MENTIONED IN MY OBITUARY:

SURVIVED BY:

- NAME, RELATIONSHIP, CITY & STATE: _____
- NAME, RELATIONSHIP, CITY & STATE: _____
- NAME, RELATIONSHIP, CITY & STATE: _____
- NAME, RELATIONSHIP, CITY & STATE: _____
- NAME, RELATIONSHIP, CITY & STATE: _____
- NAME, RELATIONSHIP, CITY & STATE: _____
- NAME, RELATIONSHIP, CITY & STATE: _____

PRECEDED IN DEATH BY:

- NAME, RELATIONSHIP _____
- NAME, RELATIONSHIP _____
- NAME, RELATIONSHIP _____
- NAME, RELATIONSHIP _____
- NAME, RELATIONSHIP _____

MILITARY SERVICE:

PERSONAL INTEREST/HOBBIES:

CLUBS/LODGES/MEMBERSHIPS:

SPECIAL ACHIEVEMENTS & RECOGNITIONS:



Social Security & Veteran Benefits

The following information is useful for receiving surviving benefits. Please complete the answers using legible print, or have someone complete it for you.

FULL LEGAL NAME: _____

MAIDEN NAME (IF APPLICABLE): _____

FULL ADDRESS: _____

PHONE NUMBER: _____

APPOINTMENT DATE: _____

SOCIAL SECURITY NUMBER: _____

FOR FURTHER INFORMATION, CONTACT THE SOCIAL SECURITY ADMINISTRATION AT 1-800-772-1213.

TO RECEIVE BENEFITS, YOU WILL NEED:

- DEATH CERTIFICATE
- MARRIAGE CERTIFICATE
- CHILDREN'S BIRTH CERTIFICATES
- YOUR SOCIAL SECURITY CARD
- YOUR SPOUSE'S SOCIAL SECURITY CARD
- TOTAL WAGES PAID ON W-2, 1099 FORMS OR SCHEDULE C FROM THE PRECEDING YEAR'S INCOME TAX RETURN



Important Contacts

The following information is useful for your loved ones to know who to contact if they have questions. Please complete the answers using legible print, or have someone complete it for you.

ATTORNEY

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

EXECUTOR

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

ACCOUNTANT

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

FINANCIAL CONSULTANT

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PRIMARY PHYSICIAN

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____



BANK

NAME: _____ ACCT # _____

BRANCH ADDRESS: _____

CONTACT: _____ PHONE: _____ EMAIL: _____

SAFE DEPOSIT BOX: NO YES KEY LOCATION: _____

NAME: _____ ACCT # _____

BRANCH ADDRESS: _____

CONTACT: _____ PHONE: _____ EMAIL: _____

SAFE DEPOSIT BOX: NO YES KEY LOCATION: _____

NAME: _____ ACCT # _____

BRANCH ADDRESS: _____

CONTACT: _____ PHONE: _____ EMAIL: _____

SAFE DEPOSIT BOX: NO YES KEY LOCATION: _____

LIFE INSURANCE

COMPANY: _____ POLICY # _____

ADDRESS: _____

CONTACT: _____ PHONE: _____ EMAIL: _____

COMPANY: _____ POLICY # _____

ADDRESS: _____

CONTACT: _____ PHONE: _____ EMAIL: _____

PENSION/UNION PLAN

COMPANY: _____ POLICY # _____

ADDRESS: _____

CONTACT: _____ PHONE: _____ EMAIL: _____

COMPANY: _____ POLICY # _____

ADDRESS: _____

CONTACT: _____ PHONE: _____ EMAIL: _____



Assets & Debts

The following information is useful for your loved ones to know. Please complete the answers using legible print, or have someone complete it for you.

REAL ESTATE BROKER

CONTACT: _____ COMPANY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PROPERTY OWNED

ADDRESS: _____

ADDITIONAL INFORMATION: _____

ADDRESS: _____

ADDITIONAL INFORMATION: _____

ADDRESS: _____

ADDITIONAL INFORMATION: _____

RETIREMENT ACCOUNTS & BENEFITS

COMPANY: _____ ACCT # _____

ADDRESS: _____

CONTACT: _____ PHONE: _____ EMAIL: _____

COMPANY: _____ ACCT # _____

ADDRESS: _____

CONTACT: _____ PHONE: _____ EMAIL: _____

CREDIT CARDS

TYPE: VISA MASTER CARD AMERICAN EXPRESS DISCOVER
 ISSUER: _____ ACCOUNT #: _____
 PHONE: _____ WEBSITE: _____

TYPE: VISA MASTER CARD AMERICAN EXPRESS DISCOVER
 ISSUER: _____ ACCOUNT #: _____
 PHONE: _____ WEBSITE: _____

TYPE: VISA MASTER CARD AMERICAN EXPRESS DISCOVER
 ISSUER: _____ ACCOUNT #: _____
 PHONE: _____ WEBSITE: _____

TYPE: VISA MASTER CARD AMERICAN EXPRESS DISCOVER
 ISSUER: _____ ACCOUNT #: _____
 PHONE: _____ WEBSITE: _____

TYPE: VISA MASTER CARD AMERICAN EXPRESS DISCOVER
 ISSUER: _____ ACCOUNT #: _____
 PHONE: _____ WEBSITE: _____

DEBTS

LENDER: _____ POLICY # _____
 CONTACT: _____ PHONE: _____ EMAIL: _____
 IMPORTANT INFORMATION: _____

LENDER: _____ POLICY # _____
 CONTACT: _____ PHONE: _____ EMAIL: _____
 IMPORTANT INFORMATION: _____

LENDER: _____ POLICY # _____
 CONTACT: _____ PHONE: _____ EMAIL: _____
 IMPORTANT INFORMATION: _____



Important documents

The following information is useful for your loved ones to know where to find important documents. Please complete the answers using legible print, or have someone complete it for you.

INCOME TAX RETURNS

LOCATION: _____

AUTO/BOAT/MOTORCYCLE REGISTRATIONS

LOCATION: _____

WILL

LOCATION: _____ LIVING WILL: NO YES

ATTORNEY: _____ PHONE: _____

DATE OF LAST WILL: _____

EXECUTOR OF WILL: _____

BIRTH CERTIFICATE

LOCATION: _____

MARRIAGE CERTIFICATE

LOCATION: _____

OTHER IMPORTANT DOCUMENTS

_____ LOCATION: _____

_____ LOCATION: _____

_____ LOCATION: _____

_____ LOCATION: _____

_____ LOCATION: _____

_____ LOCATION: _____

LIST OF IMPORTANT PASSWORDS:

SITE: _____

LOG IN/USER ID: _____ PASSWORD: _____

SITE: _____

LOG IN/USER ID: _____ PASSWORD: _____

SITE: _____

LOG IN/USER ID: _____ PASSWORD: _____

SITE: _____

LOG IN/USER ID: _____ PASSWORD: _____

SITE: _____

LOG IN/USER ID: _____ PASSWORD: _____

SITE: _____

LOG IN/USER ID: _____ PASSWORD: _____

SITE: _____

LOG IN/USER ID: _____ PASSWORD: _____

OPTIONAL:

I KEEP MY PASSWORDS HERE: _____



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