



# Personal Expressions

A guide to my funeral and memorial wishes



THIS GUIDE BELONGS TO

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# Things You Should Know

## DOCUMENTING YOUR LIFE AND OTHER IMPORTANT INFORMATION

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Today's funerals are so diverse that one will rarely resemble another. There are countless options available to personalize a service, making it possible to tailor it to the unique individual it's designed to represent. However, one truth remains to this day that binds one funeral to every other funeral; they are for the living. Funerals are a place for loved ones and friends to gather in support and celebration. A time to remember and rejoice in a life that will continue to touch and shape their own.

It is a time when survivors turn to funeral professionals for guidance. They often wonder what their loved one would have wanted them to arrange. During the stressful and hectic days immediately following a death, a multitude of decisions must be made, adding pressure to an already overwhelming experience. Funeral professionals offer various services designed to care for your family before, during and after your funeral. By presenting you with this opportunity to make decisions now regarding your own funeral, they help you give your family peace of mind.

By completing this booklet, you are giving direction and guidance to your loved ones when they need it most. They will know without a doubt what your wishes are and be able to see them through; thus, helping to relieve the emotional burden of decision making and allowing them to support each other.

It is important that your loved ones know where to find this booklet. In the event of your death, they will be glad to have all of your up-to-date information easily accessible. To make certain that it's easily accessible, do not store it in a safe deposit box. In some states, safe deposit boxes cannot be opened for several days and even weeks after a person's death.



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## MESSAGE TO MY LOVED ONES



My love for you has compelled me to record the information contained in this booklet for your peace of mind. My wish for you is to make it through this difficult time with as little grief as possible. There are many aspects of my life that I have organized so that your decisions and stress will be minimal, and you will be able to be there for each other and support one another during this time of transition.

The information recorded in this booklet will answer questions about what I would have wanted you to do. You'll know my fondest memories and what I considered to be my greatest accomplishments. There is no need for you to worry and agonize over the many difficult decisions that must be made. Simply use this complete record of my life and my wishes to ease your mind.

Contained in this booklet are suggestions and information to help simplify your decision-making process during this difficult time. Your peace of mind is very important to me, and it is my sincere wish to ease your pain and grief by planning and providing you with this information. Above all, remember the life and the memories we have shared and the love that will remain strong long after this tribute to the life you shared with me.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness** \_\_\_\_\_

**Date** \_\_\_\_\_



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# Please Remember

## SIGNIFICANT MEMORIES

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## ACCOMPLISHMENTS

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**RELIGIOUS AFFILIATIONS**

Faith: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Clergy/Priest: \_\_\_\_\_

**HOUSEHOLD PETS**

\_\_\_\_\_

\_\_\_\_\_

**ACTIVITIES, MEMBERSHIPS & HOBBIES**

Organization Name: \_\_\_\_\_

Position/Involvement: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Position/Involvement: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Position/Involvement: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Position/Involvement: \_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_

**FAVORITES**

Poems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Music: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Foods: \_\_\_\_\_

\_\_\_\_\_

Flowers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Scripture Passages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# 2 Vital Statistics



## PERSONAL INFORMATION

Full Name: \_\_\_\_\_  
First Middle Last

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Father's Name\*: \_\_\_\_\_  
\* If living enter address and/or email on Family Member list

Mother's Name\*: \_\_\_\_\_

Spouse (Maiden): \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Place of Marriage: \_\_\_\_\_  
City/State

## EDUCATION

Elementary School: \_\_\_\_\_  
City/State

Junior High School: \_\_\_\_\_  
City/State

High School: \_\_\_\_\_  
City/State Year Graduated

Postsecondary Education: \_\_\_\_\_  
City/State Year Graduated

\_\_\_\_\_ City/State Year Graduated

\_\_\_\_\_ City/State Year Graduated

Degrees Earned: \_\_\_\_\_

\_\_\_\_\_

## IMPORTANT DOCUMENTS

Last Will and Testament Location:

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Details:

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Attorney:

*Name*

*Phone*

Physician:

*Name*

*Phone*

Birth and Marriage Certificates Locations:

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Details:

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## INSURANCE POLICIES

Health:

*Company*

*Policy #*

*Beneficiary*

*Amount of Benefit*

Life:

*Company*

*Policy #*

*Beneficiary*

*Amount of Benefit*

Homeowner/Renter:

*Company*

*Policy #*

*Beneficiary*

*Amount of Benefit*

Personal Liability:

*Company*

*Policy #*

*Beneficiary*

*Amount of Benefit*

Auto:

*Company*

*Policy #*

*Beneficiary*

*Amount of Benefit*

Funeral Plan

*Funeral Home*

*Policy #*

*Phone #*

*Amount of Benefit*

# PROPERTY

## Automobile Records:

<i>Location of Title</i>	<i>Location of other Paperwork</i>
<i>Description of Vehicles</i>	

## Residence:

<i>Location/Description</i>	<i>Location of Deed</i>
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## Mortgages:

<i>Location of Deed</i>	<i>Loan #</i>
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<i>Location of Deed</i>	<i>Loan #</i>
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<i>Location of Deed</i>	<i>Loan #</i>
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<i>Location of Deed</i>	<i>Loan #</i>
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<i>Location of Deed</i>	<i>Loan #</i>
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## Other Property:

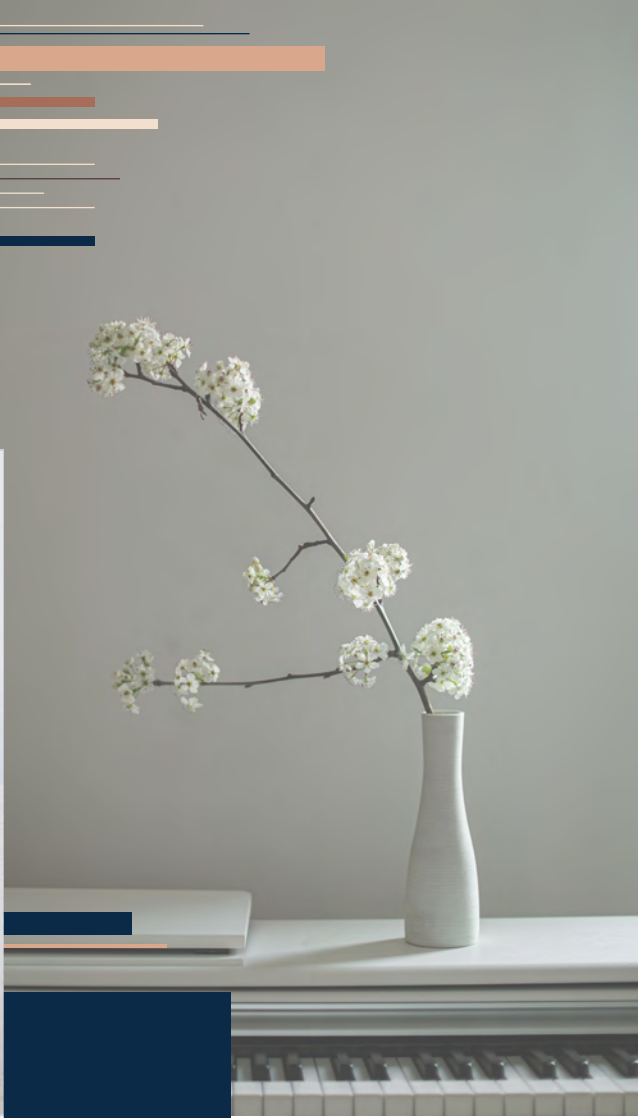
<i>Location of Deed</i>
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<i>Partnerships/Joint Ownerships</i>
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<i>Location of Deed</i>
-------------------------

<i>Partnerships/Joint Ownerships</i>
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# FINANCIAL INFORMATION

## Bank Accounts:

<i>Institution</i>	<i>Account #</i>
<i>Type of Account</i>	<i>Names on Account</i>
<i>Institution</i>	<i>Account #</i>
<i>Type of Account</i>	<i>Names on Account</i>

## Safe Deposit Box:

<i>Location</i>
<i>Contents</i>

## Debts:

<i>Location</i>	<i>Loan #</i>	<i>Type</i>
<i>Location</i>	<i>Loan #</i>	<i>Type</i>

## Tax Returns/Records:

<i>Location</i>	<i>Accountant</i>	<i>Phone #</i>
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## Credit Cards:

<i>Location</i>	<i>Account #</i>	<i>Type</i>
<i>Location</i>	<i>Account #</i>	<i>Type</i>
<i>Location</i>	<i>Account #</i>	<i>Type</i>

# INVESTMENTS

## 401(k):

<i>Location of Documents</i>	<i>Contact for Further Information</i>
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## IRA Retirement Plan:

<i>Location of Documents</i>	<i>Contact for Further Information</i>
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## Stock & Bond Certificates:

<i>Location of Documents</i>	<i>Contact for Further Information</i>
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<i>Location of Documents</i>	<i>Contact for Further Information</i>
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<i>Location of Documents</i>	<i>Contact for Further Information</i>
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## Broker/Financial Advisors:

<i>Company</i>	<i>Name</i>	<i>Phone #</i>
<i>Company</i>	<i>Name</i>	<i>Phone #</i>

## Other:

<i>Details</i>	<i>Contact for Further Information</i>	<i>Phone #</i>
<i>Details</i>	<i>Contact for Further Information</i>	<i>Phone #</i>
<i>Details</i>	<i>Contact for Further Information</i>	<i>Phone #</i>





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# Friends & Family

## MY SPOUSE & CHILDREN

Spouse:

*Name (Maiden)*

*Date of Birth*

*Date of Marriage*

Children:

*Name*

*Date of Birth*

*Address*

*Phone #*

*Name*

*Date of Birth*

*Address*

*Phone #*

*Name*

*Date of Birth*

*Address*

*Phone #*

*Name*

*Date of Birth*

*Address*

*Phone #*

*Name*

*Date of Birth*

*Address*

*Phone #*

# MY SIBLINGS

Name	Date of Birth
Address	Phone #
Name	Date of Birth
Address	Phone #
Name	Date of Birth
Address	Phone #
Name	Date of Birth
Address	Phone #
Name	Date of Birth
Address	Phone #
Name	Date of Birth
Address	Phone #



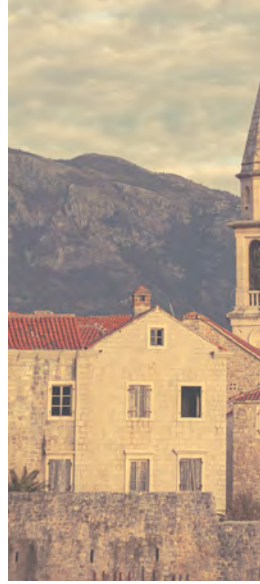
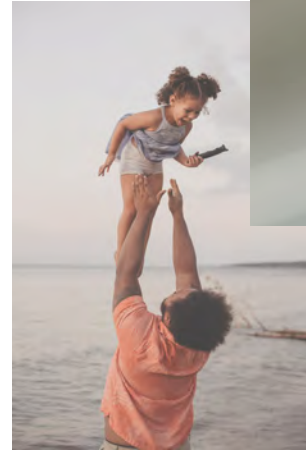








# Personal Wishes



## FUNERAL SERVICE INSTRUCTIONS

Funeral Home: \_\_\_\_\_

Type of Service: \_\_\_\_\_

To be Held at: \_\_\_\_\_

Visitation? \_\_\_\_\_

Visitation at: \_\_\_\_\_

Visitation Hours: \_\_\_\_\_

Prayer Service? \_\_\_\_\_

*From* \_\_\_\_\_ *To* \_\_\_\_\_

Rosary?\* \_\_\_\_\_

Clergy: \_\_\_\_\_

\*Please check one box       *Yes*       *No*

Church: \_\_\_\_\_

Vocalist(s): \_\_\_\_\_

Organist: \_\_\_\_\_

Music Selections: \_\_\_\_\_

Reading Selections: \_\_\_\_\_

Casket\*: \_\_\_\_\_

\*Please check one box       *Wood*       *Bronze*       *Copper*       *Steel*

Vault\*: \_\_\_\_\_

\*Please check one box       *Bronze*       *Copper*       *Steel*       *Concrete*

Flower Requests: \_\_\_\_\_

Veteran's Flag\*: \_\_\_\_\_

\*Please check one box       *Folded*       *Draped over Casket*

Memorial Contributions:

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Clothing\*:

*\*Please check one box*

          
New

          
Present

Color:

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Jewelry:

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Rings:

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Removed Prior to Interment?\*

*\*Please check one box*

          
Yes

          
No

Interment/Entombment\*:

*\*Please check one box*

          
Traditional Full Service

          
Modified Full, Traditional Service

          
Mausoleum Service

          
Graveside

Participating Organizations (Fraternal/Military Rites):

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Organ Donations (Specify):

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Hair Dresser:

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Special Requests & Information:

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Preceded By\*:

*\*If more than eight, include a separate sheet*

<i>Name</i>	<i>Relation</i>	<i>Place/Date of Death</i>
<i>Name</i>	<i>Relation</i>	<i>Place/Date of Death</i>
<i>Name</i>	<i>Relation</i>	<i>Place/Date of Death</i>
<i>Name</i>	<i>Relation</i>	<i>Place/Date of Death</i>
<i>Name</i>	<i>Relation</i>	<i>Place/Date of Death</i>
<i>Name</i>	<i>Relation</i>	<i>Place/Date of Death</i>
<i>Name</i>	<i>Relation</i>	<i>Place/Date of Death</i>
<i>Name</i>	<i>Relation</i>	<i>Place/Date of Death</i>

## PALLBEARERS

Name	City/State
Name	City/State
Name	City/State
Name	City/State
Name	City/State
Name	City/State

## CREMATION INSTRUCTIONS

Memorial Services\*: \_\_\_\_\_  
\*Please check one box  Prior to Cremation  After Cremation

Remains Present?\*: \_\_\_\_\_  
\*Please check one box  Yes  No

Casket: \_\_\_\_\_

Urn\*: \_\_\_\_\_  
\*Please check one box  Bronze  Marble  Wood  Keepsake/Jewelry  Other  
Other \_\_\_\_\_

Place in Cemetery: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Type of Cemetery Property\*: \_\_\_\_\_  
\*Please check one box  Ground Burial  Columbarium  Mausoleum Crypt  Return to Family  Other  
Return to Family \_\_\_\_\_ Other \_\_\_\_\_

Memorial/Monument Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CEMETERY ARRANGEMENTS

Name of Cemetery: \_\_\_\_\_ Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Property Owned?\* \_\_\_\_\_  
\*Please check one box      Yes      No

# Spaces: \_\_\_\_\_ Location: \_\_\_\_\_

Mausoleum\*: \_\_\_\_\_  
\*Please check one box      Private Estate      Community Mausoleum      Garden Mausoleum      Single Crypt      Companion Crypt

Location \_\_\_\_\_

Lawn Crypt\*: \_\_\_\_\_  
\*Please check one box      Single Crypt      Companion Crypt      Location \_\_\_\_\_

Cemetery Property Ownership Document Location: \_\_\_\_\_

Final Disposition of Remains\*: \_\_\_\_\_  
\*Please check one box      Earth Burial      Mausoleum Entombment      Cremation/Inurnment  
 Return to Family      Other

## MONUMENT/MARKER

Type of Monument\*: \_\_\_\_\_  
\*Please check one box      Upright Monument      Lawn (Flush)      Granite      Bronze      Flower Vase      Memorial Bench      Other

Other \_\_\_\_\_

Specifications: \_\_\_\_\_

Inscription: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## PERSON IN CHARGE OF ARRANGEMENTS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## NEWSPAPER & RADIO ANNOUNCEMENTS

Newspapers: \_\_\_\_\_

\_\_\_\_\_

Radio Stations: \_\_\_\_\_

