

FINAL ARRANGEMENTS

A Pre-Planning Guide

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Instructions

Date

Dear Loved One,

Realizing that death is inevitable, I have filled out this prearrangement booklet with my desires and other information that will help in arranging my memorial service.

In this booklet, you'll find information that will be required by the Funeral Director. I've also included details about other documents and important papers of which I want you to be aware.

When the need arises, give this folder to any Funeral Director to help in completing the final arrangements.

I sincerely hope these arrangements will be agreeable to you and will spare you needless concern, knowing that my memorial service was as I wished it.

FAMILY HISTORY

First name	Middle	Last
Street address	City	State Zip
Birthplace: City	State	Birthplace: Month/Day/Year
Citizenship		
Resided in county	State	Lived here since
Marital status	Spouse na	ne (include maid <mark>en name</mark>)
Marriage: Date	Place	
Father's name and bi	rthplace	
Mother's maiden nam	e and birthplace	
Child's name	E	thplace
Occupation	E	nploying company
Type of business/indu	ıstry	Since (year)
Social security number	er	
Veteran/branch of ser	vice	Serial no.
Name of war or dates	served	
	Organization	Rank
	Enlisted at	Date
	Discharged at	Date
	Location of dis	harge certificate Page 3

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PEOPLE TO NOTIFY

Immediate family member to conta	act/relationship			
Address City		State	Zip	
Telephone (including area code)	Email			
Immediate family member to conta	act/relationship			
Address City		State	Zip	
Telephone (including area code)	Email			
Friends who will assist th	e family:			
Name	Telephone		Email	
Name	Telephone		Email	
Name	Telephone		Email	
Preference for immediate contact:				
Funeral arrangements counselor	Telephone		Email	
Address	City		State	Zip
Attorney Teleph	one	Email		
Address	City		State	Zip
Accountant	Telephone		Email	
Address	City		State	Zip
Family Doctor	Telephone		Email	
Address	City		State	Zip

DOCUMENTS

You will find my Last Will and Tes	tament at:	
You will find my birth certificate in	:	
My attorney is:		
Location of safety deposit boxes a		for:
Life insurance	Company	Policy Number
Hospital and medical insurance	Company	Policy Number
Automobile insurance	Company	Policy Number
Disability insurance	Company	Policy Number
Others (unions or lodges):		
I have bank deposits at the follow	ing banks: ——	
I have appointed the following to I	pe executor(trix)	of my estate:

PERSONAL MEMORIAL INSTRUCTIONS

Place of funeral of	or memorial servi	ice	Telephone		
Religious affiliation	on Place	of worship	City	State	
Please Conta	act: O Minister	O Priest	O Rabbi	O Other	
Name		Telepho	ne	Email	
Address		City		State Zip	
Participating orga	anizations (militai	ry, fraternal	, other)		
Type of serv	ice:				
Embalm	ned: O ope	n casket	O closed ca	asket	
Casket cover	ing: O flag	- fold/place	e at head of o	casket/drape casket	
Casket: metal/wo	ood/fiberglass	Interior	color	Exterior color	
Outside vault or	container				
Cremation:	O Ashes preser	nt at service	е		
Urn or container	for ashes				
Clothing:					
Use from current	wardrobe:	O yes	O no		
Type of clothing					
Type of jewelry					
O stays on	O return jewelry	/ to:			
Wedding ring:	O stays on	O return	ring to:		_

PERSONAL MEMORIAL INSTRUCTIONS

Music and Spoke O musician(s): O pr	en Word: re-recorded music		
Musical selections			
Favorite passage from	the Bible or other literatu	ure	
Cemetery decision	ons:		
Location of ownership	certificate/deed for ceme	tery property	
Name of cemetery			
Address	City	State Zip	
Graveside service:	O yes O no		
Interment:			
Prefer: O mausoleum	n entombment O lawn O	crypt O collumbarium O niche	
Spaces			
Actual description of co	emetery property to be us	sed	
Crypt or space	Tier or lot	Mausoleum or lawn	
Vault		Flower container	
Memorial		Bronze/granite/other	
Inscription		Emblem Page 7	

INSTRUCTIONS

Flowers	Color and type preferred
Donations (instead of f	owers) to:
Special instruction	ons:
These are my instruction	ons and memorial wishes.
Signed	Date
Witness	Date
Funeral director	and professional services:
I'd like my policy be us	ed to provide the following funeral services and merchandise:
Funeral director design	ation
O clothing O casket Additional profe	O cremation urn or container O outside vault or container

Professional services

First call from place of death
Embalming and proper care of body
Dressing
Cosmetology and hairdressing
Restorative work when necessary
Use of mortuary & facilities
Funeral coach
Limousine for family use
Car for pallbearers
Visitation room
Handling of floral offerings

General assistance

Preparation of necessary papers
Obtaining burial permit
Notifying newspapers
Furnishing acknowledgment cards
Preparing social security forms
Preparing insurance forms
Preparing veterans forms
Arranging for grave space
Arranging for opening and closing grave

OBITUARY

Information for memorial services, newspaper articles and online use: Name _____ Born at Date____ Education Married date Religious affiliation_____ Clubs or lodges _____ Military record Information about employment Other information Surviving relatives (list names and relationships)

YOUR FUNERAL DIRECTOR

How the Funeral Director can help:

You'll need to contact a Funeral Director at the time of death. This is an expert licensed by the State Board. They'll have the training and knowledge needed to carry out the service defined in this guide.

You can speak with the Director to set the time and place of the service.

They can also help with tasks such as:

- Choosing a casket and clothing
- Making arrangements for musicians
- Contacting places of worship.
- Arranging newspaper notices
- Getting certified copies of the death certificate

You can talk to your Director if you need your loved one moved to another place for burial. They'll set up a shipment by funeral coach, rail or air. And, you'll get guidance on the best and most cost-effective means of transport.

They will complete all legal work for the death certificate and Burial Permit. They can also advise you about Veterans Burial Allowance and Social Security Death Benefits.

This guide is furnished by:

Agent's name:Address:	
Phone number:	
Email:	

1. Notify:

- The doctor or coroner
- O The funeral director
- O The cemetery or memorial park
- O The clergy and place of worship
- All relatives
- All friends
- Musician(s) for service
- O Pallbearers
- O Insurance agents/companies
- O Unions and fraternal organizations
- Newspapers

2. Select:

(see Instructions on pages 6-8)

- O Embalm
- O Cremate
- Memorial estate and plot, if not already done
- O Casket
- O Vault or outer case
- O Clothing
- Blanket or robe
- O Flowers
- Music
- O Food
- Furniture
- O Time and place
- O Transportation
- O Thank you cards

3. Additional obligations

include:

- Providing vital statistics about deceased to the newspaper and person planning the service.
- Preparing and signing necessary papers
- Providing addresses for all interested people who must be notified
- Answering phone calls, messages and letters
- Greeting friends and relatives who call
- O Providing lodging for out-of-town guests
- Cleaning the home
- O Planning funeral car list

4. Arrange payment for:

- O Doctor
- O Nurse
- Hospital
- Medicine
- O Funeral
- O Cemetery plot
- O Interment service
- O Clergy
- Musicians
- O Florist
- O Clothing
- O Transportation
- O Telephone
- O Food
- Memorials

