# My Final Wishes

Memorial Guide for My Loved Ones

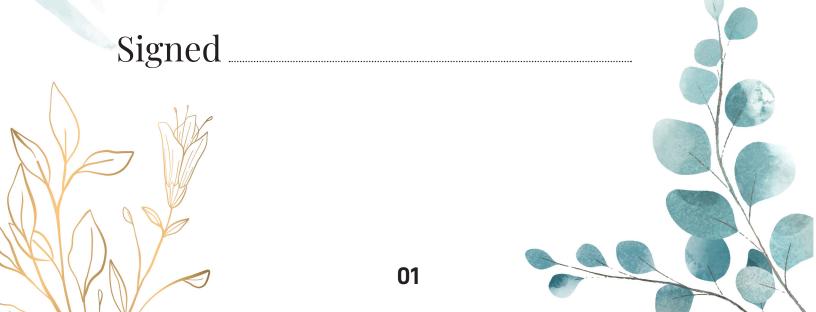




This will help you successfully handle the various tasks thrust upon you by my death.

I sincerely appreciate and love you.

I thank you with all my soul



## About Me

Full Name		
Maiden Name [if applicable]		
Address		
Social Security Number		
Birthplace	Birth Date	
Citizenship	Resident Since	
Occupation	Since	
Employer	Date Employed	
Marital Status	Spouse	
Name of Father		
His Place of Birth		
Name of Mother		
Her Place of Birth		
Veterans Records		
Serial or Regimental#:		
Rank:Branch:		
Name of War [s]:		
Date Entered Service:		
Date Discharged:		

### People to Notify

Please notify the following relatives and friends

Name	Relationship	Phone

## Obituary Information...

Born at:	On:	
Education:		
Married:	Date:	
Religious Affiliation:		
Clubs and Lodges:		
War Record:		
Information About Employment:		
Other Information:		
Surviving Relatives:		
Name	Relationship	Place of Residence

### Memorial Service...

The following are my desires for my memorial.

Funeral Director of Ch	oice:	
Location of Service:		
Church Affiliation:		
Clergy:		
Personal Effects		
☐ Wedding Band	Stays on	Return to
Eyeglasses	☐ Stay on	Return to
Other	. 🗌 Stays on	Return to
Clothing Preference  Current Wardrobe	□ New	☐ Other
Description/Color:		
Pallbearers ———		
Music		
or let 🔲 Famiy	Funeral	home choose music
Flowers		
Contributions		
Prayers Other		

Cemetery	
Preferred Interment: Earth Burial	
Mausoleum Entombment Inscription	
☐ Cremention/Inurnment	
Name of Cemetery:	
City and State:	
Own cemetery property:  Yes  No Lot	
Reserved facilities:	
Type of property:	
Arrangement Preferred	
☐ Family Estate ☐ Companion ☐ Single	
Casket Preferences:	
Memorial Tablet	
Type:	
Inscription:	
for cremation location of remains	
☐ Burial ☐ Scattering Garden ☐ Scattering Air	
☐ Niche ☐ Cremation Garden ☐ Scattering Sea	
☐ Other:	
Other Requests:	

# Funding...

The following are funds available to assist with final expenses		
Social Security:		
Veterans Allowance:		
Life Insurance:		
Company	Policy#	Beneficiary
Other: (i.e. Assure for Life Cor	nsultant: Elder Dr. E	dwin Elam 704-475-6588)
items that have been pre-pa	aid or provided for.	Services:
locatio	n of Documen	ts
Birth Certificate:		
Marriage Certificate:		
Will and Testament:		
Trust:		
Stocks and Bonds:		
Military Records:		
Automobile Title/Lien:		
Retirement Plan:		
Address Book:		
Insurance Documents:		

Type of Account  ty Owned	Account
	Account
ty Owned	
ty Owned	
	Card Number

Thoughts
My Favorite
Song:
Color:
Book:
Flower:
Season:
What life has meant to me:
What I always wished for:
What life has meant to me Friends and Family:

# Additional Thoughts... Significant Life Accomplishments: \_\_\_\_\_ Religious Beliefs: \_\_\_\_\_ Times I Remember Most Fondly: Hobbies I Enjoyed: Favorite Place: \_\_\_\_\_

# How I Viewed... Myself: \_\_\_\_\_ My Spouse: \_\_\_\_\_ My Children: \_\_\_\_\_ My Friends: \_\_\_\_\_ My Work: \_\_\_\_\_

# Memorial Checklist...

Notify	Choose
Relatives	☐ Memorial Estate/Space
Friends	☐ Casket
□ Doctor or Coroner	☐ Vault
☐ Funeral Director	Clothing
☐ Minister and Church	☐ Blanket or Robe
☐ Co-Workers	Flowers
Pallbearers	☐ Music
☐ Insurance Agents	Food
Unions/Organizations	☐ Time & Place
Newspapers	☐ Cards of Thanks
Also:	
► Provide Vital Statistics About D	
<ul><li>Prepare and Sign Necessary Pa</li><li>Inform Friends and Relatives of</li></ul>	
Expenses:	
<ul><li>Hospital, Doctor and or Nurse</li><li>Funeral and Interment Service</li></ul>	
► Cemetery Lot	
► Minister	



EdwinElam.cloud and TheHeirPort.com
Elder Dr. Edwin Elam, Dean
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