


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

Signed

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 Choice:.....

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 Family Funeral home choose music

Flowers _____

Contributions _____

Prayers _____

Other _____

Cemetery

Preferred Interment:

- Earth Burial
- Mausoleum Entombment Inscription
- Crementation/Inurnment

Name of Cemetery:.....

City and State:.....

Own cemetery property: Yes No Lot.....

Reserved facilities: Yes No

Type of property: Mausoleum Lot Niche

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 Consultant: Elder Dr. Edwin Elam 704-475-6588)

items that have been pre-paid or provided for...Services:.....

.....

location of Documents...

Birth Certificate:.....

Marriage Certificate:.....

Will and Testament:.....

Trust:.....

Stocks and Bonds:.....

Military Records:.....

Automobile Title/Lien:.....

Retirement Plan:.....

Address Book:.....

Insurance Documents:.....

Assets...

Bank Accounts...

Bank	Type of Account	Account
_____	_____	_____
_____	_____	_____
_____	_____	_____

Addresses of Property Owned

Credit Cards

Type	Card Number
_____	_____
_____	_____
_____	_____
_____	_____

Safe Deposit Box: _____

Other: _____

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

- Relatives
- Friends
- Doctor or Coroner
- Funeral Director
- Minister and Church
- Co-Workers
- Pallbearers
- Insurance Agents
- Unions/Organizations
- Newspapers

Choose

- Memorial Estate/Space
- Casket
- Vault
- Clothing
- Blanket or Robe
- Flowers
- Music
- Food
- Time & Place
- Cards of Thanks

Also:

- ▶ Provide Vital Statistics About Deceased
- ▶ Prepare and Sign Necessary Paperwork
- ▶ Inform Friends and Relatives of Details

Expenses:

- ▶ Hospital, Doctor and or Nurse
- ▶ Funeral and Interment Service
- ▶ Cemetery Lot
- ▶ Minister



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