

**SAMPLE**  
**PLANNING GUIDE**  
**for**  
**END OF LIFE**

BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED

# TABLE OF CONTENTS

## Life Record

### Personal Information

- Father
- Mother
- Education
- Career
- Military

## Final Disposition

- Burial
- Entombment
- Cremation
- Inurnment

## Permanent Memorial

- Type
- Inscription
- Flowers
- Personal Touches
- Special Services – Ceremonies

## Funeral Home

- Name of Funeral Home
- Advisor/Funeral Director

## Funeral Preferences

- Place of Service
  - Church
  - Funeral Home
  - Cemetery
  - Other
- Music Selections
- Readings

## Obituary

- Published
  - Newspaper(s)
  - Website
  - Other

- Visitation
- Open or Closed Casket

## Personal Items

- Glasses
- Jewelry
- Medals
- Other

## Pallbearers

- List at least six (6)

## People to Notify of my Passing

### Online Profiles

- Emails
- Websites
- Social Media

## Financial Information

- Banking
  - Name of Bank
  - Checking
  - Savings
  - Investments

## Credit Cards

## Mortgage(s)

## Pensions/Retirement Plans

## Insurance

- Homeowners
- Health
- Auto
- Other

## Location of Important Documents

- Safe Deposit Box Information
- Key(s) Location
- Birth Certificate
- Children's Birth Certificates
- Last Will and Testament
- Funeral and Cemetery Arrangement

## Documents & Deeds

- Real Estate Deeds
- Income Tax Records
- Auto Registration – Tithe
- Other Documents

## Personal Notes Regarding Personal Memorial

- Personal Notes, Thoughts and Letters to Family and Friends

BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED

BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED

# PLANNING GUIDE

The following decisions about my funeral and cemetery arrangements are meant to ease the burden to my family that endure at the time of my death. Please use this guide as you fulfill my final wishes to honor my life.

## LIFE RECORD

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Years at Address \_\_\_\_\_  
Seasonal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Primary Care Physician \_\_\_\_\_ Phone Number \_\_\_\_\_  
Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_  
Maiden Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Date and Place of Marriage \_\_\_\_\_

## FATHER

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
Father's Birthplace \_\_\_\_\_

## MOTHER

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Mother's Birthplace \_\_\_\_\_

## EDUCATION

Highest Grade Completed \_\_\_\_\_ Elementary/Secondary (0-12) \_\_\_\_\_ College (1-4 or 5+) \_\_\_\_\_  
College/University Names \_\_\_\_\_ Degree \_\_\_\_\_

## CAREER

Occupation \_\_\_\_\_  
Type of Business/Industry \_\_\_\_\_  
Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

## MILITARY

Branch \_\_\_\_\_  
Rank \_\_\_\_\_ Serial Number \_\_\_\_\_  
Location of Discharge Papers (DD214) \_\_\_\_\_  
Date and Place of Induction \_\_\_\_\_  
Date and Place of Discharge \_\_\_\_\_

**BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED**

# FINAL WISHES

## Final Disposition

Earth Burial       Mausoleum Entombment       Cremation/Inurnment

Other (Please Specify) \_\_\_\_\_

Name of Cemetery/Mausoleum \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Description of Burial Property \_\_\_\_\_

Casket Selection \_\_\_\_\_ Urn Selection \_\_\_\_\_

Vault Selection \_\_\_\_\_ Personalization Choices \_\_\_\_\_

---

## PERMANENT MEMORIAL

Type \_\_\_\_\_

Inscription \_\_\_\_\_

Flowers \_\_\_\_\_

Personal Touches/Items to Display \_\_\_\_\_

Special Services/Ceremonies (Fraternal, Military, Spiritual, etc.) \_\_\_\_\_

---

---

---

---

**BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED**

# FUNERAL HOME

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

Address \_\_\_\_\_

Counselor/Advisor \_\_\_\_\_ Phone \_\_\_\_\_

---

# FUNERAL PREFERENCES

Place of Service

Church Name \_\_\_\_\_

Funeral Home Name \_\_\_\_\_

Cemetery Name \_\_\_\_\_

Other Name \_\_\_\_\_

Person(s) to Officiate \_\_\_\_\_

Special Instructions \_\_\_\_\_

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

Readings \_\_\_\_\_

---

# OBITUARY

Name of Newspaper(s) \_\_\_\_\_

Name of Website \_\_\_\_\_

Other \_\_\_\_\_

Visitation:     Yes     No     Public     Private                      Casket:     Open                       Closed

**BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED**





# Please be sure to notify these people of my passing:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED**

# ONLINE PROFILES

List your email, social media accounts or other important login information

Account Name \_\_\_\_\_ Web address/URL \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Other Information \_\_\_\_\_

Account Name \_\_\_\_\_ Web address/URL \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Other Information \_\_\_\_\_

Account Name \_\_\_\_\_ Web address/URL \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Other Information \_\_\_\_\_

Account Name \_\_\_\_\_ Web address/URL \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Other Information \_\_\_\_\_

Account Name \_\_\_\_\_ Web address/URL \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Other Information \_\_\_\_\_

Account Name \_\_\_\_\_ Web address/URL \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Other Information \_\_\_\_\_

Account Name \_\_\_\_\_ Web address/URL \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Other Information \_\_\_\_\_

**BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED**

# FINANCIAL INFORMATION

## Banking

Bank Name/Branch

Type of Account:  Checking  Savings

Username \_\_\_\_\_ Password \_\_\_\_\_

Bank Name/Branch

Type of Account:  Checking  Savings

Username \_\_\_\_\_ Password \_\_\_\_\_

Bank Name/Branch

Type of Account:  Checking  Savings

Username \_\_\_\_\_ Password \_\_\_\_\_

## Investments

Bank Name/Branch

Type of Account: \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Company Name

Type of Account: \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Company Name

Type of Account: \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Company Name

Type of Account: \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

**BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED**

# Credit Cards

Visa    Mastercard    American Express    Other \_\_\_\_\_  
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Username \_\_\_\_\_ Password \_\_\_\_\_

Visa    Mastercard    American Express    Other \_\_\_\_\_  
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Username \_\_\_\_\_ Password \_\_\_\_\_

Visa    Mastercard    American Express    Other \_\_\_\_\_  
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Username \_\_\_\_\_ Password \_\_\_\_\_

Visa    Mastercard    American Express    Other \_\_\_\_\_  
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Username \_\_\_\_\_ Password \_\_\_\_\_

Visa    Mastercard    American Express    Other \_\_\_\_\_  
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Username \_\_\_\_\_ Password \_\_\_\_\_

Visa    Mastercard    American Express    Other \_\_\_\_\_  
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Username \_\_\_\_\_ Password \_\_\_\_\_

Visa    Mastercard    American Express    Other \_\_\_\_\_  
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Username \_\_\_\_\_ Password \_\_\_\_\_

**BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED**

# Mortgage(s)

Lender \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Location \_\_\_\_\_

Lender \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Location \_\_\_\_\_

---

# Pension/Retirement Plans

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Location \_\_\_\_\_

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Location \_\_\_\_\_

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Location \_\_\_\_\_

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Location \_\_\_\_\_

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Location \_\_\_\_\_

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Location \_\_\_\_\_

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Location \_\_\_\_\_

**BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED**

# Insurance (Homeowners, Health, Auto, Other)

Company Name \_\_\_\_\_ Agent \_\_\_\_\_

Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Beneficiary \_\_\_\_\_

Company Name \_\_\_\_\_ Agent \_\_\_\_\_

Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Beneficiary \_\_\_\_\_

Company Name \_\_\_\_\_ Agent \_\_\_\_\_

Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Beneficiary \_\_\_\_\_

Company Name \_\_\_\_\_ Agent \_\_\_\_\_

Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Beneficiary \_\_\_\_\_

Company Name \_\_\_\_\_ Agent \_\_\_\_\_

Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Beneficiary \_\_\_\_\_

Company Name \_\_\_\_\_ Agent \_\_\_\_\_

Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Beneficiary \_\_\_\_\_

Company Name \_\_\_\_\_ Agent \_\_\_\_\_

Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Beneficiary \_\_\_\_\_

**BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED**

# Location of Important Documents

Safe Deposit Box Location \_\_\_\_\_ Box Number \_\_\_\_\_

Key(s) Location \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Children's Birth Certificate(s) \_\_\_\_\_

Last Will and Testament \_\_\_\_\_

Funeral and Cemetery Arrangement Document (Deed) \_\_\_\_\_

Real Estate Deeds \_\_\_\_\_

Income Tax Records \_\_\_\_\_

Auto Registration/Title \_\_\_\_\_

Other Documents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED**







BE SURE TO STORE THIS PRIVATE INFORMATION IN A SECURE LOCATION THAT YOUR NEXT OF KIN CAN ACCESS AT THE TIME OF NEED