



# Preplanning Guide

## A GUIDE TO PLANNING YOUR FUNERAL

A funeral preplanning guide helps to ensure that your personal wishes are carried out exactly as you want, and can help support your loved ones at a time when they need it most. By completing it, your services will be less stressful, more thoughtful and—above all—more memorable.

### INSTRUCTIONS:

- ☑ Print this PDF and complete for your family. If you wish to make changes, you can reprint any pages you wish to update.
- ☑ Complete using legible print, or have someone help or complete it for you.
- ☑ Your planning guide should be kept in a safe place that is readily accessible to your family. It should not be kept in a safety deposit box.
- ☑ If you have questions, contact your funeral home. They will also be happy to keep a copy of your information on file.

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# Contents

1	To those I love.....	1
2	Legal information.....	2
3	Personal information.....	3
4	Military service.....	5
5	Funeral preferences.....	6
6	Obituary information.....	10
7	Social Security & veteran benefits.....	11
8	Important contacts.....	12
9	Assets & debts.....	14
10	Important documents.....	16



# *To those I love*

Dear loved ones,

The following information contains my final wishes upon my death. It is my hope that you'll honor my wishes as much as possible. Upon my death, please notify the following people:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## Legal information

The following information is vital for the death certificate.

FULL LEGAL NAME: \_\_\_\_\_

MAIDEN NAME (IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SEX:  MALE  FEMALE RACE: \_\_\_\_\_

BIRTH PLACE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

DECEASED:  YES  NO

MOTHER'S NAME: \_\_\_\_\_

DECEASED:  YES  NO

MARITAL STATUS:  MARRIED  WIDOWED  DIVORCED  SEPARATED

SPOUSE'S NAME: \_\_\_\_\_

WEDDING DATE: \_\_\_\_\_

DECEASED:  NO  YES DATE OF DEATH: \_\_\_\_\_

MARITAL STATUS:  MARRIED  WIDOWED  DIVORCED  SEPARATED

SPOUSE'S NAME: \_\_\_\_\_

WEDDING DATE: \_\_\_\_\_

DECEASED:  NO  YES DATE OF DEATH: \_\_\_\_\_



**NAME OF CHILDREN:**

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_



# Personal history

The following information is useful for the obituary and family archives.

## EDUCATION:

HIGH SCHOOL: \_\_\_\_\_

ATTENDANCE DATES: \_\_\_\_\_

H.S. DIPLOMA     G.E.D.     DID NOT GRADUATE

COLLEGE: \_\_\_\_\_

ATTENDANCE DATES: \_\_\_\_\_

SOME COLLEGE     TECHNICAL CERTIFICATION

2-YEAR DEGREE IN \_\_\_\_\_

4-YEAR DEGREE IN \_\_\_\_\_

MASTERS DEGREE IN \_\_\_\_\_

PH.D. DEGREE IN \_\_\_\_\_

## OCCUPATION:

EMPLOYER: \_\_\_\_\_

POSITION(S): \_\_\_\_\_ YEARS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION(S): \_\_\_\_\_ YEARS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION(S): \_\_\_\_\_ YEARS: \_\_\_\_\_



**RELIGIOUS AFFILIATION:**

FAITH: \_\_\_\_\_

CHURCH: \_\_\_\_\_

DETAILS: \_\_\_\_\_

**MEMBERSHIPS & CLUBS:**

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

**CIVIC & VOLUNTEER ACTIVITIES:**

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

**SIGNIFICANT LIFE ACCOMPLISHMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Military Service

The following information is useful for the obituary and family archives.

MILITARY BRANCH: \_\_\_\_\_

PENSION/VA #: \_\_\_\_\_

INDUCTION DATE: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

RANK: \_\_\_\_\_

WARS SERVED: \_\_\_\_\_ DATES: \_\_\_\_\_

WARS SERVED: \_\_\_\_\_ DATES: \_\_\_\_\_

WARS SERVED: \_\_\_\_\_ DATES: \_\_\_\_\_

WARS SERVED: \_\_\_\_\_ DATES: \_\_\_\_\_

DECORATIONS: \_\_\_\_\_ DATES: \_\_\_\_\_

DECORATIONS: \_\_\_\_\_ DATES: \_\_\_\_\_

DECORATIONS: \_\_\_\_\_ DATES: \_\_\_\_\_

DECORATIONS: \_\_\_\_\_ DATES: \_\_\_\_\_

DECORATIONS: \_\_\_\_\_ DATES: \_\_\_\_\_

DECORATIONS: \_\_\_\_\_ DATES: \_\_\_\_\_

ADDITIONAL INFORMATION:





# *Funeral preferences*

The following information is useful for your loved ones to know your wishes.

## DO YOU HAVE A FUNERAL PLAN IN PLACE?

YES. SEE BELOW.

FUNERAL HOME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCATION OF PRE-ARRANGED DOCUMENTATION: \_\_\_\_\_

NO. SEE PREFERENCES BELOW.

FUNERAL HOME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RELIGIOUS BELIEF TO BE HONORED: \_\_\_\_\_

RELIGIOUS AFFILIATION: \_\_\_\_\_

PLACE OF WORSHIP: \_\_\_\_\_

TYPE OF SERVICE: \_\_\_\_\_

CLERGY: \_\_\_\_\_



## FUNERAL SERVICE PREFERENCES

I PREFER A SERVICE TO BE HELD AT THE FOLLOWING LOCATION:

- FUNERAL HOME: \_\_\_\_\_
- CHURCH: \_\_\_\_\_
- ONLY A GRAVESIDE CEREMONY AT: \_\_\_\_\_
- ONLY A MEMORIAL CEREMONY AT: \_\_\_\_\_
- OTHER: \_\_\_\_\_

I PREFER THE FOLLOWING SERVICE ARRANGEMENTS:

- MILITARY CEREMONY     LODGE CEREMONY     OTHER: \_\_\_\_\_
- VIEWING ONLY AT THE FUNERAL HOME PRIOR TO CEREMONY
- GLASSES TO BE WORN:  YES     NO
- GLASSES TO REMAIN WITH ME:  YES     NO
- REMOVE MY GLASSES AND RETURN TO: \_\_\_\_\_
- OPEN CASKET VIEWING FOLLOWED BY BURIAL
- OPEN CASKET VIEWING FOLLOWED BY CREMATION
- CREMATION WITHOUT VIEWING
- BURIAL WITHOUT VIEWING
- I HAVE NO BURIAL PREFERENCE

## PREFERENCES FOR DISPOSAL OF MY BODY:

- GROUND BURIAL AT THIS CEMETERY: \_\_\_\_\_
- I HAVE A PURCHASED PLOT     I DON'T HAVE A PURCHASED PLOT
- MAUSOLEUM AT: \_\_\_\_\_
- I HAVE A PURCHASED CRYPT     I DON'T HAVE A PURCHASED CRYPT
- I PREFER THAT MY CREMATED REMAINS BE INTERRED IN A:
- BURIAL PLOT     MAUSOLEUM     SCATTERED AT \_\_\_\_\_
- OTHER: \_\_\_\_\_



I WISH TO HAVE A HEADSTONE/MARKER

HEADSTONE/MARKER TYPE AND DETAILS:

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INSCRIBED WITH THE FOLLOWING:

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NO PREFERENCE FOR TYPE OF MARKER OR INSCRIPTION

**I PREFER THE FOLLOWING CEREMONY ARRANGEMENTS:**

FLOWERS:  YES  NO

NO MUSIC

PRERECORDED MUSIC

SONG: \_\_\_\_\_

SONG: \_\_\_\_\_

SONG: \_\_\_\_\_

LIVE MUSIC       SOLO       DUET       QUARTET

CHOIR       ORGAN       PIANO       OTHER: \_\_\_\_\_

PERFORMED BY: \_\_\_\_\_

SONG: \_\_\_\_\_

SONG: \_\_\_\_\_

SONG: \_\_\_\_\_

CONGREGATIONAL SINGING

SONG: \_\_\_\_\_

SONG: \_\_\_\_\_

SONG: \_\_\_\_\_



READINGS:

BIBLE VERSES     POETRY (attach to this plan)

READINGS (attach to this plan)

BIBLE VERSE: \_\_\_\_\_

BIBLE VERSE: \_\_\_\_\_

BIBLE VERSE: \_\_\_\_\_

**I PREFER THE FOLLOWING IN ATTENDANCE:**

IMMEDIATE FAMILY ONLY     FAMILY/FRIENDS     PUBLIC     NOTHING

**I PREFER THE FOLLOWING CASKETBEARERS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUGGESTED MEMORIAL DONATIONS:**

I want my family and friends to know of my appreciation of the following organizations, ministries and charities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL NOTES AND WISHES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Obituary information

The following information is useful for your loved ones to write an obituary.

## I WOULD LIKE THE FOLLOWING MENTIONS:

### SURVIVED BY:

NAME, RELATIONSHIP, CITY & STATE:

\_\_\_\_\_

NAME, RELATIONSHIP, CITY & STATE:

\_\_\_\_\_

NAME, RELATIONSHIP, CITY & STATE:

\_\_\_\_\_

NAME, RELATIONSHIP, CITY & STATE:

\_\_\_\_\_

NAME, RELATIONSHIP, CITY & STATE:

\_\_\_\_\_

NAME, RELATIONSHIP, CITY & STATE:

\_\_\_\_\_

NAME, RELATIONSHIP, CITY & STATE:

\_\_\_\_\_

NAME, RELATIONSHIP, CITY & STATE:

\_\_\_\_\_

### PRECEDED IN DEATH BY:

NAME, RELATIONSHIP \_\_\_\_\_

NAME, RELATIONSHIP \_\_\_\_\_

NAME, RELATIONSHIP \_\_\_\_\_

NAME, RELATIONSHIP \_\_\_\_\_

NAME, RELATIONSHIP \_\_\_\_\_



**MILITARY SERVICE:**

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**PERSONAL INTEREST/HOBBIES:**

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**CLUBS/LODGES/MEMBERSHIPS:**

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**SPECIAL ACHIEVEMENTS & RECOGNITIONS:**

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# Social Security & Veteran Benefits

The following information is useful for receiving surviving benefits.

FULL LEGAL NAME: \_\_\_\_\_

MAIDEN NAME (IF APPLICABLE): \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

FOR FURTHER INFORMATION, CONTACT THE SOCIAL SECURITY  
ADMINISTRATION AT 1-800-772-1213.

## TO RECEIVE BENEFITS, YOU WILL NEED:

- DEATH CERTIFICATE
- MARRIAGE CERTIFICATE
- CHILDREN'S BIRTH CERTIFICATES
- YOUR SOCIAL SECURITY CARD
- YOUR SPOUSE'S SOCIAL SECURITY CARD
- TOTAL WAGES PAID ON W-2, 1099 FORMS OR SCHEDULE C  
FROM THE PRECEDING YEAR'S INCOME TAX RETURN



# Important Contacts

The following information is useful for your loved ones to know who to contact if they have questions.

## ATTORNEY

NAME: \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## EXECUTOR

NAME: \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## ACCOUNTANT

NAME: \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## FINANCIAL CONSULTANT

NAME: \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PRIMARY PHYSICIAN





NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**LIFE INSURANCE**

COMPANY: \_\_\_\_\_ POLICY # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**BANK**

NAME: \_\_\_\_\_ ACCT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SAFE DEPOSIT BOX:  NO  YES KEY LOCATION: \_\_\_\_\_

NAME: \_\_\_\_\_ ACCT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SAFE DEPOSIT BOX:  NO  YES KEY LOCATION: \_\_\_\_\_

**PENSION/UNION PLAN**

COMPANY: \_\_\_\_\_ POLICY # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_



# Assets & Debts

The following information is useful for your loved ones to know.

## REAL ESTATE BROKER

CONTACT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PROPERTY OWNED

ADDRESS: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

## RETIREMENT ACCOUNTS & BENEFITS

COMPANY: \_\_\_\_\_ POLICY # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_



## CREDIT CARDS

VISA     MASTER CARD     AMERICAN EXPRESS     DISCOVER

ISSUER: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

VISA     MASTER CARD     AMERICAN EXPRESS     DISCOVER

ISSUER: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

VISA     MASTER CARD     AMERICAN EXPRESS     DISCOVER

ISSUER: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

VISA     MASTER CARD     AMERICAN EXPRESS     DISCOVER

ISSUER: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

## DEBTS

LENDER: \_\_\_\_\_ POLICY # \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IMPORTANT INFORMATION: \_\_\_\_\_

LENDER: \_\_\_\_\_ POLICY # \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IMPORTANT INFORMATION: \_\_\_\_\_



# *Important documents*

The following information is useful for your loved ones to know where to find important documents.

## INCOME TAX RETURNS

LOCATION: \_\_\_\_\_

## AUTO/BOAT/MOTORCYCLE REGISTRATIONS

LOCATION: \_\_\_\_\_

## WILL

LOCATION: \_\_\_\_\_ LIVING WILL:  NO  YES

ATTORNEY: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF LAST WILL: \_\_\_\_\_

EXECUTOR OF WILL: \_\_\_\_\_

## BIRTH CERTIFICATE

LOCATION: \_\_\_\_\_

## MARRIAGE CERTIFICATE

LOCATION: \_\_\_\_\_

## OTHER IMPORTANT DOCUMENTS

\_\_\_\_\_ LOCATION: \_\_\_\_\_

\_\_\_\_\_ LOCATION: \_\_\_\_\_

\_\_\_\_\_ LOCATION: \_\_\_\_\_

\_\_\_\_\_ LOCATION: \_\_\_\_\_



**OTHER WISHES, DETAILS & FINAL THOUGHTS:**

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**LIST OF IMPORTANT PASSWORDS:**

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

**OPTIONAL:**

I KEEP MY PASSWORDS HERE: \_\_\_\_\_