

# Personal Expressions



A guide to my funeral and memorial wishes

*Love*

*Honor*

*Remember*

# Things You Should Know

## Documenting your life and other important information

Today's funerals are so diverse that one will rarely resemble another. There are countless options available to personalize a service, making it possible to tailor it to the unique individual it's designed to represent. However, one truth remains to this day that binds one funeral to every other funeral; they are for the living. Funerals are a place for loved ones and friends to gather in support and celebration. A time to remember and rejoice in a life that will continue to touch and shape their own.

It is a time when survivors turn to funeral professionals for guidance. They often wonder what the deceased would have wanted them to arrange. During the stressful and hectic days immediately following a death, a multitude of decisions must be made, adding pressure to an already overwhelming experience. Funeral professionals offer various services designed to care for your family before, during and after your funeral. By presenting you with this opportunity to make decisions now regarding your own funeral, they help you give your family peace of mind.

By completing this booklet you are giving direction and guidance to your loved ones when they need it most. They will know without a doubt what your wishes are and be able to see them through; thus helping to relieve the emotional burden of decision making and allowing them to support each other.

It is important that your loved ones know where to find this booklet. In the event of your death, they will be glad to have all of your up-to-date information easily accessible. To make certain that it's easily accessible, do not store it in a safe-deposit box. In some states, safe-deposit boxes cannot be opened for several days and even weeks after a person's death.

## Message to my loved ones

My love for you has compelled me to record the information contained in this booklet for your peace of mind. My wish for you is to make it through this difficult time with as little grief as possible. There are many aspects of my life that I have organized so that your decisions and stress will be minimal and you will be able to be there for each other and support one another during this time of transition.

The information recorded in this booklet will answer questions about what I would have wanted you to do. You'll know my fondest memories and what I considered to be my greatest accomplishments. There is no need for you to worry and agonize over the many difficult decisions that must be made. Simply use this complete record of my life and my wishes to ease your mind.

Contained in this booklet are suggestions and information to help simplify your decision-making process during this difficult time. Your peace of mind is very important to me, and it is my sincere wish to ease your pain and grief by planning and providing you with this information. Above all, remember the life and the memories we have shared and the love that will remain strong long after this tribute to the life you shared with me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_



## Activities, Hobbies & Memberships

Civic Groups \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clubs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Organizations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fraternal Organizations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community/Public service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies \_\_\_\_\_

\_\_\_\_\_

## Favorites

Poems \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Flowers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Music \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Scripture Passages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Foods \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Pets

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Vital Statistics

## Personal Information

Name \_\_\_\_\_ SSN \_\_\_\_\_  Male  Female  
First MI Last

Address \_\_\_\_\_

City \_\_\_\_\_

State/ZIP \_\_\_\_\_

DOB Month / Day / Year \_\_\_\_\_ Place of Birth \_\_\_\_\_ Race \_\_\_\_\_

Father's Name\* \_\_\_\_\_ Mother's Name (Maiden)\* \_\_\_\_\_  
\*If living, enter address and/or email on Family Member list

Spouse (Maiden) \_\_\_\_\_

Place of Marriage City/State \_\_\_\_\_ Date of Marriage Month / Day / Year \_\_\_\_\_

## Education

Years Completed _____	University _____
Elementary _____	_____
<small>City/State</small> _____	<small>City/State</small> _____ Year Graduated _____
Junior High School _____	Degrees Earned _____
<small>City/State</small> _____	_____
High School _____	_____
<small>City/State</small> _____ Year Graduated _____	_____
Trade School/Community College _____	
<small>City/State</small> _____ Year Graduated _____	
Degree Earned _____	



# Important Documents

Last Will and Testament Location: \_\_\_\_\_

Details: \_\_\_\_\_

Attorney: \_\_\_\_\_  
*Name* *Phone*

Physician: \_\_\_\_\_  
*Name* *Phone*

Birth and Marriage Certificates Locations: \_\_\_\_\_

Details: \_\_\_\_\_

## Insurance Policies:

Health: \_\_\_\_\_  
*Company* *Policy #*

\_\_\_\_\_  
*Beneficiary* *Amount of Benefit*

Life: \_\_\_\_\_  
*Company* *Policy #*

\_\_\_\_\_  
*Beneficiary* *Amount of Benefit*

Homeowner/Renter: \_\_\_\_\_  
*Company* *Policy #*

\_\_\_\_\_  
*Beneficiary* *Amount of Benefit*

Personal Liability: \_\_\_\_\_  
*Company* *Policy #*

\_\_\_\_\_  
*Beneficiary* *Amount of Benefit*

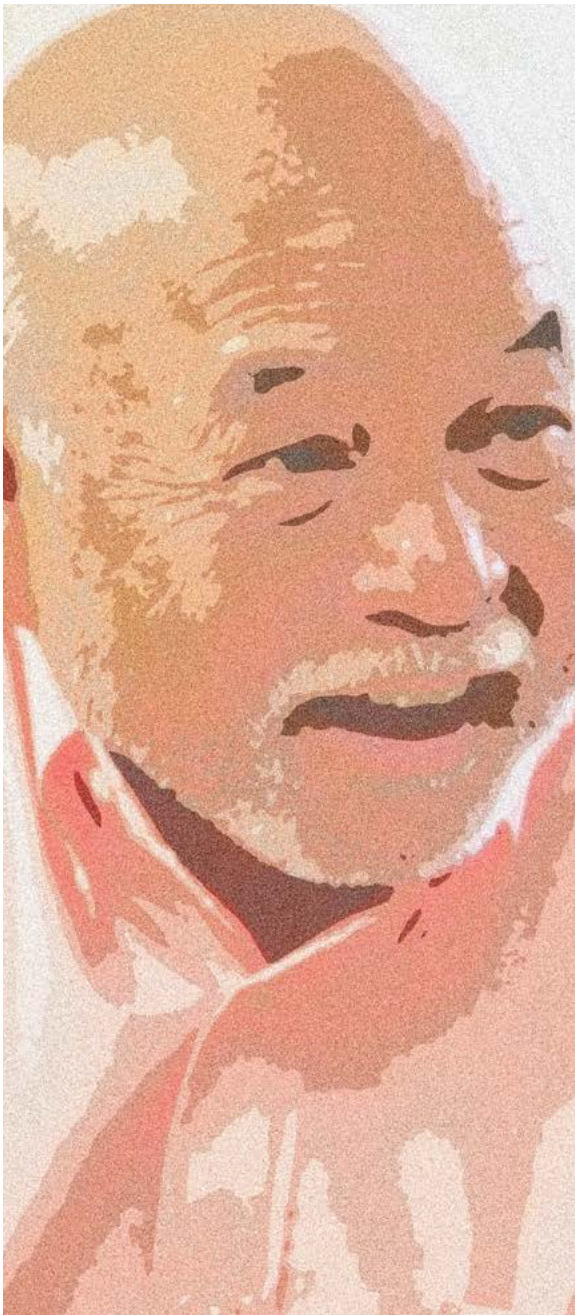
Auto: \_\_\_\_\_  
*Company* *Policy #*

\_\_\_\_\_  
*Beneficiary* *Amount of Benefit*



## Important Documents *(continued)*

Automobile Records: _____		
<i>Location of Title</i>		<i>Location of Other Paperwork</i>
_____ <i>Description of Vehicles</i>		
Funeral Plan: _____		
<i>Funeral Home</i>		<i>Phone</i>
_____ <i>Policy #</i>		
		<i>Beneficiary</i>



## Property

Residence: _____	
<i>Location/Description</i>	
_____ <i>Location of Deed</i>	
Mortgages: _____	
<i>Location</i>	<i>Loan #</i>
_____ <i>Location</i>	
_____ <i>Location</i>	
_____ <i>Location</i>	
Other Property: _____	
<i>Location of Deed</i>	
_____ <i>Partners/Joint Ownerships</i>	
Mortgages: _____	
<i>Location</i>	<i>Loan #</i>
_____ <i>Location of Deed</i>	
_____ <i>Partners/Joint Ownerships</i>	
Mortgages: _____	
<i>Location</i>	<i>Loan #</i>



## Financial Information

Bank Accounts:

*Institution*

*Account #*

*Type of Account*

*Names on Account*

*Institution*

*Account #*

*Type of Account*

*Names on Account*

Safe-Deposit Box:

*Location*

*Contents*

Debts:

*Location*

*Loan #*

*Type*

*Location*

*Loan #*

*Type*

Tax Returns/Records:

*Location*

*Accountant*

*Phone #*

Credit Cards:

*Location*

*Account #*

*Type*

*Location*

*Account #*

*Type*

*Location*

*Account #*

*Type*



# Investments

401(k): \_\_\_\_\_  
*Location of Documents* *Contact for Further Information*

IRA Retirement Plan: \_\_\_\_\_  
*Location of Documents* *Contact for Further Information*

Stock & Bond Certificates: \_\_\_\_\_  
*Location of Documents* *Contact for Further Information*

\_\_\_\_\_  
*Location of documents* *Contact for Further Information*

\_\_\_\_\_  
*Location of documents* *Contact for Further Information*

Broker/Financial Advisors: \_\_\_\_\_  
*Company* *Name* *Phone #*

\_\_\_\_\_  
*Company* *Name* *Phone #*

Other: \_\_\_\_\_  
*Details* *Contact for Further Information* *Phone #*

\_\_\_\_\_  
*Details* *Contact for Further Information* *Phone #*

\_\_\_\_\_  
*Details* *Contact for Further Information* *Phone #*



## Military Service

Branch of Military: \_\_\_\_\_

Rank: \_\_\_\_\_ Unit: \_\_\_\_\_

Enlistment Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Location: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Location: \_\_\_\_\_

Location of Discharge Papers: \_\_\_\_\_

Military Retirement Documents: \_\_\_\_\_

Service Serial Number: \_\_\_\_\_

War(s): \_\_\_\_\_

Veteran's Benefits: \_\_\_\_\_

## Employment

Occupation: \_\_\_\_\_

Most Recent Employer: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

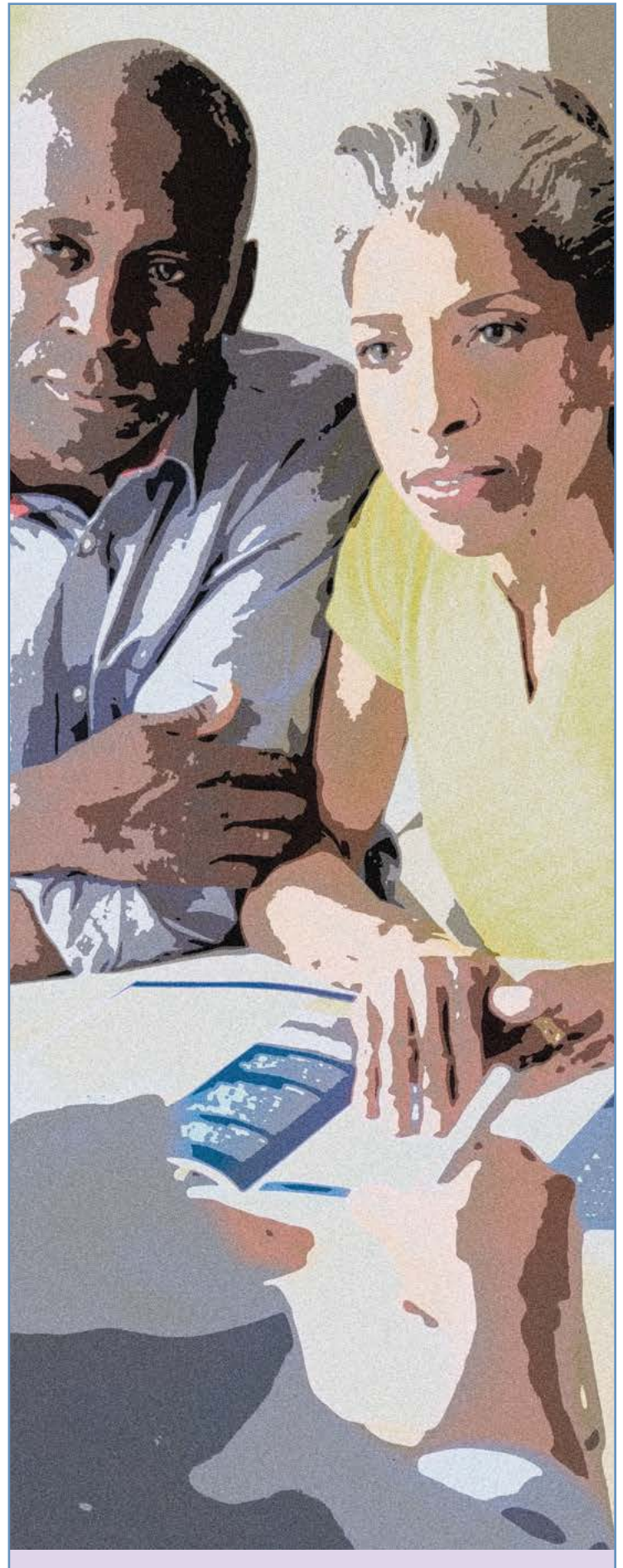
Total # of Years Worked: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Total # of Years Worked: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Retired?  Yes  No Year Retired: \_\_\_\_\_



# Friends & Family

## My Spouse and Children

Spouse: \_\_\_\_\_  
Name (Maiden) Date of Birth Date of Marriage

Children: \_\_\_\_\_  
Name Date of Birth

Address Phone

Name Date of Birth

Address Phone

Name Date of Birth

Address Phone

Name Date of Birth

Address Phone

Name Date of Birth

Address Phone







# Friends and Relatives

Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship

Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship

# Friends and Relatives

Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship

Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship
Name	
Address	Phone
Email address	Relationship



# Personal Wishes

## Funeral Service Instructions

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

Type of Service: \_\_\_\_\_

To be Held at: \_\_\_\_\_

Visitation:  Yes  No

Visitation at:  Funeral Home  Church  Other

Visitation Hours: From \_\_\_\_\_ To \_\_\_\_\_

Prayer Service:  Yes  No      Rosary:  Yes  No

Clergy: \_\_\_\_\_

Church: \_\_\_\_\_

Organist: \_\_\_\_\_

Vocalist(s): \_\_\_\_\_

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

\_\_\_\_\_

Readings: \_\_\_\_\_

\_\_\_\_\_

Casket:  Wood  Bronze  Copper  Steel

Vault:  Bronze  Copper  Steel  Concrete

Flower Requests: \_\_\_\_\_

\_\_\_\_\_

Veteran's Flag:  Folded  Draped over Casket

Memorial Contributions: \_\_\_\_\_

\_\_\_\_\_

Clothing:  New  Present      Color: \_\_\_\_\_

Jewelry: \_\_\_\_\_      Rings: \_\_\_\_\_

Removed Prior to Interment?  Yes  No

Interment/Entombment:

Traditional Full Service  Modified Full, Traditional Service

Mausoleum Service  Graveside

Participating Organizations (Fraternal/Military Rites): \_\_\_\_\_

\_\_\_\_\_

Organ Donations (Specify): \_\_\_\_\_

Hair Dresser: \_\_\_\_\_

Special Requests & Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preceded by: *If more than six, include a separate sheet.*

Name	Relation	Place/Date of Death
Name	Relation	Place/Date of Death
Name	Relation	Place/Date of Death
Name	Relation	Place/Date of Death
Name	Relation	Place/Date of Death
Name	Relation	Place/Date of Death

### Pallbearers

Name	_____
City	_____ State _____
Name	_____
City	_____ State _____
Name	_____
City	_____ State _____
Name	_____
City	_____ State _____
Name	_____
City	_____ State _____
Name	_____
City	_____ State _____

### Cremation Instructions

Memorial Services:  Prior to Cremation  After Cremation  
 Remains Present  
 Remains Not Present

Casket: \_\_\_\_\_

Urn:  Bronze  Marble  Wood  Keepsake/Jewelry  
 Other: \_\_\_\_\_

Final Disposition of Remains:

Place in Cemetery: \_\_\_\_\_  
Name \_\_\_\_\_  
Phone \_\_\_\_\_

Type of Cemetery Property:

- Ground Burial  Columbarium  Mausoleum Crypt
- Return to Family: \_\_\_\_\_
- Other: \_\_\_\_\_

Memorial/Monument \_\_\_\_\_  
Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Cemetery Arrangements

Name of Cemetery: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Property Owned:  Yes  No # of Spaces \_\_\_\_\_

Location

Mausoleum:

Private Estate  Community Mausoleum

Garden Mausoleum  Single Crypt  Companion Crypt

Location

Lawn Crypt:

Single Crypt  Companion Crypt

Location

Cemetery Property Ownership Documents:

Location

Final Disposition of Remains:

Earth Burial

Mausoleum Entombment

Cremation / Inurnment

Return to Family: \_\_\_\_\_

Other: \_\_\_\_\_

## Monument/Marker

Type of Monument:

Upright Monument

Lawn (flush)

Granite

Bronze

Flower Vase

Memorial Bench

Other: \_\_\_\_\_

Specifications: \_\_\_\_\_

Inscription: \_\_\_\_\_

## Person in Charge of Arrangements

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## Newspaper & Radio Announcements

Newspapers: \_\_\_\_\_

Radio Stations: \_\_\_\_\_