

Thoughtful Decisions

Planning Guide



A K E E P S A K E P O R T F O L I O



*To live in hearts we
leave behind is not to die*

THOMAS CAMPBELL



Dear Loved Ones...

I prepared this guide for you and those I care about.

Inside, you will find a brief overview of my life, a listing of those most dear to me, and some of my most precious memories.

For your peace of mind, as well as my own, I have included wishes for my funeral service along with other vital information you will need at the time of my death.

I completed this guide with much love and foresight. My desire is to lessen the burdens you will have at my time of passing so that you can celebrate our life together.

Signature

Date

MY HISTORY

This section provides your loved ones with personal information about you. This information may only be known by you. Without this, your loved ones will not be able to file important and necessary papers upon your death. Having this information readily available for your loved ones eases stress during an already emotionally stressful time.

My personal information

Full Legal Name _____
First Middle Last

Street Address _____

City _____

State/Zip _____

Date of Birth _____

Social Security # _____

Place of Birth _____ Citizenship _____

Occupation _____

Employer _____ Date Retired _____

Type of Business _____ Years Employed _____

Father's Name _____

Mother's Maiden Name _____

MY HISTORY

Education

High School _____
Name *State*

College _____
Name *State*

Graduate School _____
Name *State*

Other Higher Education _____
Name *State*

Marital status

Married Date ___/___/___ Spouse (Maiden Name) _____

Single Divorced Widowed Date ___/___/___

Military information

Location of Discharge Papers _____

Dates of Service _____

Branch of Service/Rank _____

Service Number (SSAN) _____

Wars/Conflicts Served _____

Awards for Valor/Merit _____

Place/Date Discharged _____

Church | Organizations | Memberships

Name *Since*

Name *Since*

Name *Since*

Name *Since*

Name *Since*

Name *Since*

Name *Since*

Name *Since*

WISHES

Designing a meaningful tribute...

Someday, your family will turn to these pages to look for guidance in preparing a meaningful tribute. There are three essential elements to a healthy, healing tribute:

- A public gathering,
- A ceremony with religious or spiritual overtones,
- Some form of procession to the final resting place

These may occur in any order, as long as all three elements are present in some form or fashion. You may wish to include additional elements based on your family's traditions, religious practices or cultural customs. Remember that there is absolute freedom for creativity in designing a meaningful, healing tribute.

How do you want to be remembered?

A PUBLIC GATHERING

At a time of loss, a public gathering allows family and friends to receive comfort and support from one another. The gathering may occur before the ceremony (e.g. visitation, rosary), after the ceremony (meal, memory sharing time), or both. Please check all that apply:

- Private Family Viewing, Location _____ Rosary or Prayer Service, Location _____
- Viewing/Visitation/Wake, Location _____ Open Casket Closed Casket
- Meal, Location _____ Caterer/Type of Food _____ Memory Sharing Time

A CEREMONY WITH RELIGIOUS OR SPIRITUAL OVERTONES

A personalized and meaningful ceremony with religious or spiritual overtones offers hope to the grieving family as they search for meaning in loss.

Location of Service _____

PERSONALIZATION (Check all that apply)

- Memorial Picture Board Video Tribute Dove Release Balloon Release Butterfly Release
- Candle Lighting Military Rites Lodge/Fraternal Rites Celebration of Life
- Memorial Display Items _____
- Flowers _____ Memorial Contributions _____
- Other _____

FOCAL POINT(S) FOR SERVICE

- Closed Casket Ceremonial Urn Framed Picture
- Other Personal Item (e.g. motorcycle, Bible, arts, crafts, or memorabilia) _____

Eulogy Presented By _____ Other Speakers _____

WISHES

MUSIC Live Music Recorded Music Congregational Songs and Hymns

Description _____

SCRIPTURE READINGS, POEMS, QUOTES _____

CASKET Purchase Rental Wood Metal Eco-Friendly Other _____
Color/Description _____ Personalized Theme _____

EMBALMING Yes No Standard Embalming Eco-Friendly Embalming

CLOTHING Mine New Description _____

JEWELRY _____ Leave on Remove and Give to _____

URN Wood Metal Marble Ceramic Biodegradable

Color/Description _____

Place Ashes in Memorial Jewelry _____ Other _____

FINAL RESTING PLACE

A procession and a committal service at the final resting place of the deceased provides loved ones with closure.

PALLBEARERS _____

HONORARY PALLBEARERS _____

PROCESSION TO

Graveside Mausoleum Glass Front Niche Niche with Plaque

Location of Scattering _____ Ossuary Other _____

CEMETERY PROPERTY LOCATION _____ Purchased Lot? Yes No

If Yes, Lot Description Section _____ Lot No _____ Space No _____

Deed Owner _____

Do not keep the deed in a safety deposit box.

VAULT Steel Concrete Description _____

PERMANENT MEMORIAL MARKER Bronze Marble Granite Upright Ground Level

Companion Individual Mausoleum Other _____

Inscription _____

FAMILY

My family tree

My Mother's Parents

My Mother

Me

My Father's Parents

My Father

My Spouse

My Children

My Grandchildren

My Great-grandchildren

Additional notes

My children

Name _____
Address _____
City/State/Zip _____
Telephone () Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () Email _____
Date of Birth _____

Grandchildren _____

Great-grandchildren _____

(List others on a separate sheet if needed and attach to this page.)

My brothers & sisters

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

(List others on a separate sheet if needed and attach to this page.)

My relatives

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

(List others on a separate sheet if needed and attach to this page.)

Others whom I cherish

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

Name _____
Address _____
City/State/Zip _____
Telephone () _____
Email _____
Date of Birth _____

(List others on a separate sheet if needed and attach to this page.)

PERSONAL INFORMATION

Personal papers, documents, & insurance information

This section can help your survivors tremendously by telling them where everything is kept. This eliminates a search and gives your loved ones the peace of mind knowing that nothing has been missed.

Important document locations

Birth Certificate _____

Children's Birth Certificates _____

Marriage Certificate(s) _____

Divorce Papers _____

Deeds and Titles _____

Mortgages and Notes _____

Automobile Records _____

Income Tax Records _____

Safe Deposit Box _____

Location of Keys for SDB _____

Bank Accounts _____

Name of Bank *Account Number* *Type of Account*

Name of Bank *Account Number* *Type of Account*

Name of Bank *Account Number* *Type of Account*

Credit Cards _____

Name of Card *Account Number*

Name of Card *Account Number*

Name of Card *Account Number*

Safe Combination _____

401(K) IRA | *Retirement plan benefits*

Location _____

PERSONAL INFORMATION

Will

Attorney _____ ()
Name Telephone Number

Location _____
City State Zip

Executor of my Will _____ ()
Name Telephone Number

Power of Attorney Yes No Type _____

_____ ()
Name Telephone Number

Medical Power of Attorney Yes No

_____ ()
Name Telephone Number

Living Will Yes No Primary Care Physician _____

Funeral plan | Other insurance policies

Location of Policies	Insurance Company	Reason Purchased	Policy #	Policy Amount
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Investment accounts & documents

Location/Broker _____

Description of Securities _____

Important passwords

Website	Username	Password
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Personal remembrances of my life with you

My fondest memory with my family_____

One of my greatest inspirations_____

My greatest accomplishments_____

If I could live my life over again, I would_____

I would most like to be remembered for_____

My fondest childhood memories_____

My greatest lesson in life_____

LIFE STORY

A few of my favorite things & interests

Favorite Place _____

Favorite Song or Music _____

Favorite Poem or Scripture _____

Favorite Flower _____

Favorite Food _____

Favorite Movie or Play _____

Favorite Color _____

Hobbies or Interests _____

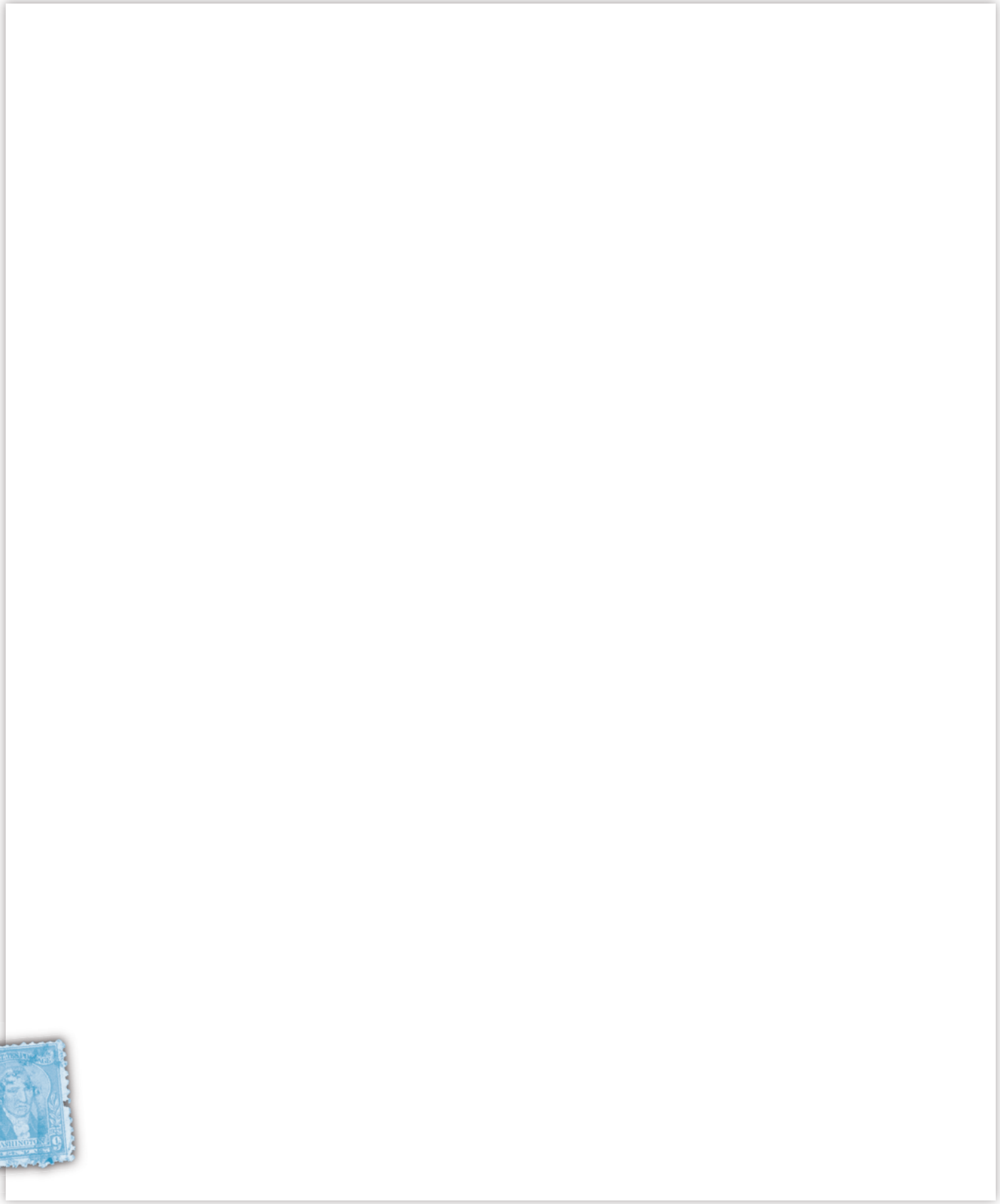
My Pets _____

Additional Thoughts _____

Individual(s) who have had the greatest impact on my life _____

Message to my loved ones _____

Photos & mementos



*Life is the sum
of all your choices*

ALBERT CAMUS





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