



MY FINAL WISHES



ACCREDITED BUSINESS

A+ Rating

Personal History

My Planning Guide is designed to guide you and those close to you through the funeral planning process. By recording vital information and personal preferences now, you ease the burden for your loved ones. If you have questions regarding any aspect of funeral planning, ask your final expense agent.

Vital Statistics

Name: _____ Date: _____

Sex: Male Female SSN: _____ Race: _____

Address: _____

In city since: _____ Moved from: _____ Year: _____

Phone: _____ Email: _____

Date of birth: _____ Age: _____ Place of birth: _____

Father's name: _____ Father's place of birth: _____

Mother's name: _____ Mother's place of birth: _____

Marital status: Married Never married Widowed Divorced

Place: _____ Date: _____

Name of Spouse/Partner (maiden name, if applicable): _____

Education (highest grade completed): Elementary/Secondary _____ College: _____

School(s) attended/degree(s) earned: _____

Church/Lodges/Memberships: _____

Occupation: _____ Business/Industry: _____

Employer: _____ Years in occupation: _____

Hobbies: _____

Armed Forces

Branch of service: _____ Service number: _____

Date entered: _____ Place of entry: _____

Type of separation or discharge of service: _____ Date: _____

Place of discharge: _____

Location of military discharge papers (DD214): _____

Highest grade, rank, or rating received: _____

Wars/Conflicts served: _____

Medals/Honors/Citations/Additional Information: _____

Children, Relatives, and Friends

Use this section to record children, siblings, grandchildren, and friends.

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Preceded in death by: _____

Number of grandchildren: _____ Number of great-grandchildren: _____

Local Emergency Contacts

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

To be Notified

Please be sure to notify these individuals of my passing.

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Important Information for Your Family's Use

Do you have a will or living trust? Yes No

Attorney who wrote the will or trust: _____

Executor of Estate: _____

Do you have a living will? Yes No Location: _____

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: _____

Credit Cards

Visa Mastercard American Express Discover Other: _____

Account number: _____ Exp. date: _____

Username: _____ Password: _____

Visa Mastercard American Express Discover Other: _____

Account number: _____ Exp. date: _____

Username: _____ Password: _____

Visa Mastercard American Express Discover Other: _____

Account number: _____ Exp. date: _____

Username: _____ Password: _____

Visa Mastercard American Express Discover Other: _____

Account number: _____ Exp. date: _____

Username: _____ Password: _____

Mortgage

Lender: _____ Account number: _____

Phone: _____ Location: _____

Lender: _____ Account number: _____

Phone: _____ Location: _____

Pension/retirement plans

Company: _____ Account number: _____

Phone: _____ Location: _____

Company: _____ Account number: _____

Phone: _____ Location: _____

Company: _____ Account number: _____

Phone: _____ Location: _____

Insurance (homeowners, health, life, auto, etc.)

Company: _____ Agent: _____

Phone: _____ Policy number: _____ Beneficiary: _____

Company: _____ Agent: _____

Phone: _____ Policy number: _____ Beneficiary: _____

Company: _____ Agent: _____

Phone: _____ Policy number: _____ Beneficiary: _____

Company: _____ Agent: _____

Phone: _____ Policy number: _____ Beneficiary: _____

Social Media Profiles

Account name: _____ Website/URL: _____

Username: _____ Password: _____

Account name: _____ Website/URL: _____

Username: _____ Password: _____

Account name: _____ Website/URL: _____

Username: _____ Password: _____

Location of Important Documents

Safe deposit box: _____ Box number: _____

Key(s) location: _____

Birth certificate: _____

Children's birth certificate(s): _____

Last will and testament: _____

Funeral and cemetery arrangement documents: _____

Real estate deeds: _____

Income tax records: _____

Auto registration/title(s): _____

Other documents: _____

My Preferences

This section enables you and your family to keep track of which arrangements have been made and which remain to be determined.

Memorial Instructions

Funeral home: _____ Phone: _____

Church: _____ Phone: _____

Officiant: _____ Phone: _____

Disposition preference: Burial Mausoleum Cremation

Memorial service to be held at: Funeral home Church Graveside Other: _____

Visitation/Friends calling: Yes No Casket: Opened Closed

Participating fraternal, military, or service organization: _____

Obituary: Yes No Photo Newspaper(s): _____

Pallbearers: _____

Flowers (describe): _____

Favorite religious passages, quotations, or poems: _____

Favorite musical selections: _____

Specific requests to be performed at service: _____

Contributions (name of charity): _____

Flag (if veteran): Folded Draped Given to: _____

Specific clothing (describe): _____

Glasses to be worn: Yes No After viewing, removed and given to: _____

Jewelry to be worn: Yes No After viewing, removed and given to: _____

Specific jewelry (describe): _____

Cemetery Instructions

Cemetery property owned: Yes No Cemetery: _____

Address: _____

City: _____ State: _____ Phone: _____

Location, Section/Garden: _____ Lot: _____ Space: _____ Marker owned: Yes No

Cremation memorialization: Niche Burial Other: _____

Additional instructions: _____

The preceding information represents my desires for my funeral and burial arrangements. As of this date, I prefer that my family only spend \$_____ for these plans.

Signature: _____ Date: _____

Funeral planning professional: _____



LAST WILL & TESTAMENT, POWER OF ATTORNEY, LIVING WILL

The screenshot shows the homepage of DoYourOwnWill.com. At the top left is the logo 'doyourownwill'. To the right are navigation links for 'FAQs', 'Blog', 'About / Contact Us', and 'Sign In', along with a 'Get Started' button. The main heading reads 'Always the completely free way to make your will.' Below this are two buttons: 'START YOUR WILL FREE!' and 'BROWSE DOCUMENTS'. A form below the buttons has a dropdown menu set to 'Last Will and Testament (Will)', another dropdown set to 'Louisiana', and a 'Create Document' button. Below the form, it states 'No account needed, no credit card - just 100% free! - Instant download (Word or PDF)'. Three service cards are displayed: 'Last Will and Testament' (Distribute your property, name guardians, and appoint an executor. [Start your Will](#)), 'Living Will' (Let others know your health care decisions. [Start your Living Will](#)), and 'Durable Power of Attorney' (Appoint someone to communicate your decisions if you can't. [Start your Power of Attorney](#)).

Last Will & Testament

A will or testament is a legal document that expresses a person's wishes as to how their property is to be distributed after death and which person is to manage the property until its final distribution.

Power of Attorney

A power of attorney is a written authorization to represent or act on another's behalf in private affairs, business, or other legal matters.

Living Will

A living will is a statement detailing a person's desires regarding their medical treatment in circumstances in which they are no longer able to express informed consent, especially an advance directive.

DoYourOwnWill.com is a free, online option to create these documents.

