



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

Funeral Home Phone # \_\_\_\_\_

## Legacy Planning Guide

Print this form and fill in the sections. Keep in a safe place.

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City & State \_\_\_\_\_

Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_

U.S. Armed Forces Serial Number \_\_\_\_\_

Dates of Service \_\_\_\_\_

Rank or Rating \_\_\_\_\_

Commendations \_\_\_\_\_



## Education / Work Background

School Name, Graduation Date, Degree \_\_\_\_\_

School Name, Graduation Date, Degree \_\_\_\_\_

School Name, Graduation Date, Degree \_\_\_\_\_

School Name, Graduation Date, Degree \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer City & State \_\_\_\_\_

Date of Retirement \_\_\_\_\_

## Family Information

Father's Name \_\_\_\_\_

Father's Birthplace \_\_\_\_\_

Mother's Name (include maiden name) \_\_\_\_\_

Mother's Birthplace \_\_\_\_\_

Date of Marriage \_\_\_\_\_

(If Widowed) Date of Spouses Death \_\_\_\_\_

(If Widowed) City of Spouses Death \_\_\_\_\_



## Previous Marriage

Date of Termination \_\_\_\_\_

Name of Former Spouse \_\_\_\_\_

## Location of Important Documents

Will \_\_\_\_\_

Living Will \_\_\_\_\_

Durable Power of Attorney for Health Care \_\_\_\_\_

Organ Donation Papers \_\_\_\_\_

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

Marriage License \_\_\_\_\_

Citizenship Papers \_\_\_\_\_

Legal Name Change Papers \_\_\_\_\_  
(for adopted children)

Deeds and Mortgage Papers \_\_\_\_\_

Pension Certificates \_\_\_\_\_

Automobile Titles \_\_\_\_\_

Bank Notes, Trust Papers \_\_\_\_\_

Stock & Bond Certificates \_\_\_\_\_

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



Check Book \_\_\_\_\_

Diplomas and Degrees \_\_\_\_\_

Inventory of Household Goods \_\_\_\_\_

Medical Records \_\_\_\_\_

Social Security Card \_\_\_\_\_

Unpaid Bills \_\_\_\_\_

Safety Deposit Box \_\_\_\_\_

Safety Deposit Box Key \_\_\_\_\_

## Funeral Preferences

Funeral Director \_\_\_\_\_

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

Funeral Home Phone Number \_\_\_\_\_

Clergy Person \_\_\_\_\_

Clergy Address \_\_\_\_\_

Clergy Phone Number \_\_\_\_\_

Pallbearer 1 (Name and Contact Info) \_\_\_\_\_

Pallbearer 2 (Name and Contact Info) \_\_\_\_\_

Pallbearer 3 (Name and Contact Info) \_\_\_\_\_



Pallbearer 4 (Name and Contact Info) \_\_\_\_\_

Pallbearer 5 (Name and Contact Info) \_\_\_\_\_

Pallbearer 6 (Name and Contact Info) \_\_\_\_\_

Specialty Requests Regarding Music, \_\_\_\_\_  
Readings, Flowers, and Location of Funeral

\_\_\_\_\_

\_\_\_\_\_

Casket - Type \_\_\_\_\_

Burial Vault - Type \_\_\_\_\_

Clothing - Type \_\_\_\_\_

Cemetery \_\_\_\_\_

Burial Plot \_\_\_\_\_

Location \_\_\_\_\_

Section Number \_\_\_\_\_

Block Number \_\_\_\_\_

Location of Deed \_\_\_\_\_

Additional Notes & Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_