



# MY MEMORIAL GUIDE

By: \_\_\_\_\_

Date: \_\_\_\_\_

## PROVIDING FOR YOU AND YOUR FAMILY THROUGH A PREPAID FUNERAL PLAN

The time immediately following a family member's death is a period during which survivors experience the grief that comes with the loss of a loved one. The difficulty of the following days and weeks can be compounded by feelings of stress and anxiety at the thought of handling all the details associated with the passing of a loved one.

In order to relieve your family members' additional stress, anxiety, and expense at the time of death and to have peace of mind knowing that everything will be handled in accordance with your wishes, we recommend taking time now to provide the information that will be needed and to review a list of tasks that must be performed.

Our funeral home has prepared this form as a general guide to help you prepare and make decisions for you and the ones you love. Please consider recording as much information as possible in advance and providing copies to family members.

Completion of this guide will be a lasting gift to your family.

## WHEN A DEATH OCCURS

If a death occurs in a hospital or care facility, their staff will notify our funeral home to request transport of your loved one to our location. If the death occurs at home and the deceased was receiving hospice care, contact your hospice care provider **first**.

If the death occurs at home suddenly or without hospice care, call 911 to notify the appropriate local authorities. If death occurs out of town, notify our funeral home and we will make necessary arrangements for care and transportation of your loved one.

If you are unsure of what to do, notify our funeral home for assistance.

## IMMEDIATE TASKS

- Notify family and friends accordingly.
- Notify religious advisors if appropriate/applicable.
- Notify deceased's attorney/insurance agent/financial advisor.
- Notify the deceased's employer.
- Depending on circumstances, arrangements may be necessary for the care of pets and to secure the deceased's home - as well as other immediate family's home(s).

## MEETING WITH A FUNERAL DIRECTOR

- Locate any written preferences left by the deceased in regard to final arrangements.
- Make funeral/memorial service plans including time, place, and personalization of the service.
- Bring a photo (or photos) that can be submitted with obituaries, used on memorial items, or used by the funeral director/hairstylist for preparation purposes.
- Bring desired clothing, undergarments, jewelry, glasses, etc. Jewelry and glasses can be returned to the legal next of kin after services.
- If the deceased was a veteran, locate discharge papers (DD214) and our funeral home will help file all applicable request forms for possible benefits.
- Be prepared for the funeral home to request method of payment at the time of arrangements (prepaid funeral plans are one method of accepted payment).
- If life insurance is to be used for payment of the funeral bill, locate the original policy and any recent statements from the company and bring with you to arrangements.

## REMINDER

Due to identity theft concerns, we recommend that you do **not** include home address(es) or date of birth in obituaries. Because the obituary notice contains the time and date of visitation/services, consider asking someone to stay at the home during these published times to guard against break-ins.

It is important to note that all Power of Attorney (P.O.A.) duties on behalf of the deceased (both Durable and General) end upon his/her death.

# FUNERAL RECORD

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST JR/SR/TITLE

MAIDEN NAME: \_\_\_\_\_ NAME TO APPEAR IN OBITUARY: \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER:  Male  Female RACE: \_\_\_\_\_ CITIZEN:  USA  Other \_\_\_\_\_

SSN: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ lbs.

RESIDENCE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

RESIDENCE INSIDE CITY LIMITS?  Yes  No FORMERLY OF: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_  Living  Deceased  
FIRST MIDDLE LAST JR/SR/TITLE

MOTHER'S MAIDEN NAME: \_\_\_\_\_  Living  Deceased  
FIRST MIDDLE MAIDEN

MARITAL STATUS:  Married  Divorced  Widowed  Never Married DATE OF MARRIAGE: \_\_\_\_\_

PLACE OF MARRIAGE: \_\_\_\_\_

SPOUSE: \_\_\_\_\_  Living  Deceased  
FIRST MIDDLE MAIDEN LAST

IF DECEASED, DATE OF SPOUSE'S DEATH: \_\_\_\_\_

CHILDREN: \_\_\_\_\_  
ROBERT (LISA) SMITH OF CEDAR RAPIDS, IOWA -OR- ROBERT SMITH AND WIFE LISA OF CEDAR RAPIDS, IOWA

GRANDCHILDREN: \_\_\_\_\_ # of Grandchildren \_\_\_\_\_ # of Great-Grandchildren \_\_\_\_\_ # of Great-Great-Grandchildren \_\_\_\_\_

BROTHERS AND SISTERS: \_\_\_\_\_

PRECEDED IN DEATH BY: \_\_\_\_\_

EDUCATION:  YEARS COMPLETED \_\_\_\_\_ NAMES OF SCHOOLS, YEARS ATTENDED OR GRADUATION DATES, DEGREES EARNED, ETC. \_\_\_\_\_

OCCUPATIONAL TITLE/POSITION: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

WORK HISTORY/DETAILS: \_\_\_\_\_

MILITARY SERVICE:  Army  Navy  Air Force  US Marine Corps  Coast Guard  Merchant Marines  Reserves  National Guard  Other \_\_\_\_\_

HIGHEST RANK ACHIEVED: \_\_\_\_\_ SERVICE SERIAL NUMBER: \_\_\_\_\_

WAR TIME:  World War II  Korean War  Vietnam War  Desert Storm  Iraq War  Afghanistan  Other \_\_\_\_\_

HONORS: \_\_\_\_\_

CHURCH MEMBERSHIP, CLUBS, ORGANIZATIONS, UNIONS, ETC: \_\_\_\_\_

HOBBIES, INTERESTS, ETC: \_\_\_\_\_

MEMORIAL DONATIONS/CARDS:  Directed to: \_\_\_\_\_  In lieu of flowers  No mention

MY CONTACT INFO: PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# FUNERAL, MEMORIAL, OR CELEBRATION OF LIFE SERVICES

TRADITIONAL BURIAL

CREMATION\*

BODY DONATION\*\*

VISITATION/GATHERING:  Funeral home: \_\_\_\_\_  Church: \_\_\_\_\_

Other location: \_\_\_\_\_  1 Hour prior to services  No visitation

VIEWING:  Public  Private—Family only  No viewing

CEREMONY:  Funeral home: \_\_\_\_\_  Church: \_\_\_\_\_

Other location: \_\_\_\_\_  Private—Family only  Graveside only  No service

RECEPTION: \_\_\_\_\_

CLERGY/OFFICIANT(S): \_\_\_\_\_

MUSIC:  Recorded music  Live musicians MUSICIAN(S): \_\_\_\_\_

SPECIAL SONG(S): \_\_\_\_\_

SPECIAL HONOR(S):  Military  Masonic  Catholic Vigil  Rosary  Knights of Columbus  Greek Orthodox Trisagion  \_\_\_\_\_

CEMETERY: \_\_\_\_\_

LOT/SECTION/SPACE: \_\_\_\_\_ MARKER IN PLACE:  Yes  No

CASKET BEARERS: (To be contacted by the family at the time of death)  Active bearers  Honorary only  Funeral home staff

GRAVESIDE COMMITTAL:  Open to anyone  Private—Family only  Committal at church/funeral home  No graveside  Prior to services

Following services  Tent and chairs  No tent or chairs

FAMILY TRANSPORTATION:  Limousine  Family to drive their own vehicles

CASKET:  Steel  Stainless Steel  Copper  Bronze  Wood

CASKET TO BE CLOSED:  Prior to service  Open during service  Private—after family viewing  Closed at all times

OTHER BURIAL CONTAINER:  Metal-lined sealing concrete vault  Plastic-lined sealing concrete vault

Non-sealing grave liner  Pre-purchased through cemetery

URN:  Bronze  Glass  Ceramic  Composite marble/granite  Wood

URN VAULT:  Lined concrete  Plastic

SPECIAL REQUESTS & INSTRUCTIONS: \_\_\_\_\_

FLOWER & COLOR PREFERENCES, JEWELRY, GLASSES, CLOTHING, ETC.

PERSON FINANCIALLY IN CHARGE OF MY FINAL ARRANGEMENTS: \_\_\_\_\_

NAME & RELATIONSHIP, ADDRESS, PHONE

\*IF CREMATION, HAS A LEGAL DESIGNEE BEEN SET UP?  No  Yes \_\_\_\_\_

NAME & RELATIONSHIP

\*\*IF BODY DONATION, NAME OF RECEIVING INSTITUTION: \_\_\_\_\_

NOTES: \_\_\_\_\_

## LIFE INSURANCE POLICIES

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

POLICY #: \_\_\_\_\_ DEATH BENEFIT: \$ \_\_\_\_\_

COMPANY PHONE #: \_\_\_\_\_

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

POLICY #: \_\_\_\_\_ DEATH BENEFIT: \$ \_\_\_\_\_

COMPANY PHONE #: \_\_\_\_\_

## ATTORNEY/WILL

ATTORNEY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ WILL?  Yes  No

## BANKS (CHECKING, SAVINGS, CDs, ETC.)

BANK NAME/ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

BANK NAME/ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

## FINANCIAL INSTITUTIONS (ADVISORS, STOCKS, BONDS, RETIREMENT PLANS, ETC.)

COMPANY NAME/ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

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

COMPANY NAME/ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

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

## ADDITIONAL NOTES

---

---

---

---

