

FUNERAL ARRANGEMENTS

FUNERAL HOME TO CONTACT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

NAME OF FUNERAL DIRECTOR: _____

LOCATION OF PREARRANGEMENT CONTRACT: _____

LOCATION(S) PREFERRED FOR SERVICE: _____

LOCATION(S) PREFERRED FOR SERVICES : _____

RELIGIOUS SERVICES: _____

Officiating Clergy: _____

Telephone: _____

MILITARY SERVICES: _____

FRATERNAL SERVICES : _____

Contact Person: _____

Telephone: _____

PALLBEARERS: _____

HONORARY PALLBEARERS: _____

MUSIC: _____

FLOWERS: _____

MEMORIALS _____

OTHER REQUESTS: _____

CEMETERY ARRANGEMENTS:

Name of Cenetery: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Location of Deed: _____

Plot in Name of: _____

Section: _____

Plot Number: _____ Block: _____

SPECIAL INSTRUCTIONS:

FINANCIAL INFORMATION

A. WILL:

Location of Will: _____

Name of Executor: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

Name of Attorney: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

Name of Accountant: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

B. BANK ACCOUNTS:

Bank: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

Checking _____ Account Number _____

Savings _____ Account Number _____

Bank: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

Checking _____ Account Number _____

Savings _____ Account Number _____

Location of Passport: _____

C. INSURANCE POLICIES:

Insurance Advisor: _____

Company: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

FINANCIAL INFORMATION (Cont'd)

Insurance Advisor: _____

Company: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

Insurance Advisor: _____

Company: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

Insurance Advisor: _____

Company: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

D. SECURITIES:

Investment Advisor: _____

Company: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

Stocks: _____

Bonds: _____

Certificates of Deposit: _____

Real Estate: _____

IRA or Keogh Plan _____

Location of Certificates: _____

FINANCIAL INFORMATION (Cont'd)

E. OTHER VALUABLES:

Antiques: _____

Locations: _____

Jewelry: _____

Locations: _____

Artwork: _____

Locations: _____

F. SAFE DEPOSIT BOX:

Location of Box: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

Box Number: _____

Location of Keys: _____

G. LOCATION OF OTHER VALUABLE DOCUMENTS:

Copies of Will: _____

Birth Certificates: _____

Children's Birth Certificates: _____

Marriage Certificates: _____

Real Estate Deeds: _____

Mortgages and Notes: _____

Income Tax Records: _____

Military Discharge Papers: _____

Automobile Registrations: _____

H. BENEFIT ENTITLEMENTS:

Social Security

Teachers Retirement

Pension

Fraternal

Veterans Administration

Railroad Retirement

Other: _____