



## PERSONAL PLANNING GUIDE



WHERE YOUR JOURNEY ENDS YOUR WAY

# GENERAL INFORMATION

THIS INFORMATION PERTAINS TO: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
City County State Zip Code

Home Phone # \_\_\_\_\_ Sex: ☐ Male ☐ Female

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race: \_\_\_\_\_  
(Indicate: White, Black, Hispanic, Asian, etc. Please be specific; for example, if of Hispanic, specify Mexican, South American, etc.)

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City County State Zip Code

Marital Status: Married ☐ Never Married ☐ Widowed ☐ Divorced

Surviving Spouse's Name: \_\_\_\_\_  
(Please include maiden name if surviving spouse is wife)

*Please check highest grade of education completed:*

Elementary/Secondary: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

College: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

Degrees(s): \_\_\_\_\_

Occupation: \_\_\_\_\_ Type of Business/Industry: \_\_\_\_\_

Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
First Middle Last

Mother's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
First Middle Last (Maiden)

Contact Person / Person Completing Arrangements

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
City County State Zip Code

## ★ FOR MEMBERS OF THE ARMED FORCES ONLY ★

Date Entered Service: \_\_\_\_\_ Place: \_\_\_\_\_

Service Serial #: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Separation/Discharge of Service: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Separation: \_\_\_\_\_

Highest Grade, Rank or Rating: \_\_\_\_\_

Wars/Conflicts Served: \_\_\_\_\_

Location of Military Discharge Papers (DD214): \_\_\_\_\_

Medals, Honors, Citations. etc.: \_\_\_\_\_

# MEMORIALIZATION

THESE SPECIFICATIONS ARE FOR: \_\_\_\_\_

Memorial Park/Cemetery Preferred: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone #: \_\_\_\_\_

I ☐ Own ☐ Prefer *If owned, interment rights belong to:* \_\_\_\_\_

Type of Burial Rights: ☐ Mausoleum ☐ Lawn Crypt ☐ Ground Burial ☐ Cremations w/Memorialization

Type of Arrangements: ☐ Family Estate ☐ Companion ☐ Single

Legal Description of Burial Rights: \_\_\_\_\_

Location of Deed for Burial Rights: \_\_\_\_\_

I ☐ Own ☐ Prefer Vault/Outer Burial Container

Please include:

☐ Memorial Plaque ☐ Bronze Plaque ☐ Granite Plaque ☐ Upright Monument

☐ Other: \_\_\_\_\_

Inscription: \_\_\_\_\_

Emblem(s): \_\_\_\_\_

Family to be present during Closing of Property? ☐ Yes ☐ No

Opening and Closing of Property financial status? ☐ Prepaid ☐ To be determined

If Cremation, type of disposition to be used? ☐ Burial ☐ Niche ☐ Scattering Garden ☐ Cremation Garden

Other: \_\_\_\_\_

Remains to be placed in: ☐ Urn ☐ Keepsake Memorial ☐ Other: \_\_\_\_\_

Description of container for remains: \_\_\_\_\_

Memorial Plaque? ☐ Yes ☐ No

Plaque Inscription: \_\_\_\_\_

Additional Remarks/Special Instructions/Items to accompany the remains

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# FUNERAL SERVICE ARRANGEMENTS

THE FOLLOWING ARE MY DESIRED FUNERAL SERVICE ARRANGEMENTS.

THESE ARRANGEMENTS ARE FOR: \_\_\_\_\_

Crematorium/Funeral Home/Mortuary: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone #: \_\_\_\_\_

Place of service:

Name of Funeral Home, Memorial Center, Church, etc.: \_\_\_\_\_

☐ Cemetery/Memorial Park Chapel ☐ Graveside ☐ Memorial Service

☐ Other: \_\_\_\_\_

Religion of Service: \_\_\_\_\_ Officiant: \_\_\_\_\_

Participating Organizations (*Military, Lodge, etc.*): \_\_\_\_\_

Flag: ☐ Draped ☐ Folded Presented to: \_\_\_\_\_

Wake/Rosary Service: ☐ Yes ☐ No

Location: \_\_\_\_\_ Officiant: \_\_\_\_\_

Viewing: ☐ Public ☐ Private ☐ None

Clothing Preference: ☐ New ☐ From Existing ☐ Other: \_\_\_\_\_

Description: \_\_\_\_\_

Personal Accessories:

☐ Jewelry \_\_\_\_\_ ☐ Will wear ☐ Give to: \_\_\_\_\_

☐ Glasses \_\_\_\_\_ ☐ Will wear ☐ Give to: \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Will wear ☐ Give to: \_\_\_\_\_

Floral (*varieties and colors preferred*): \_\_\_\_\_

Donations accepted in lieu of flowers: \_\_\_\_\_

Music: Organist: \_\_\_\_\_ Soloist(s): \_\_\_\_\_

Music Selections: \_\_\_\_\_

Religious passages to be read: \_\_\_\_\_

Eulogy to be performed by: \_\_\_\_\_

Eulogy notes: \_\_\_\_\_

\_\_\_\_\_

Names of newspapers notice should appear in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

— Funeral Service Arrangements continued on reverse



# FUNERAL SERVICE ARRANGEMENTS

*Funeral Service Arrangements continued —*

THESE ARRANGEMENTS ARE FOR: \_\_\_\_\_

Casket Presentation: ☐ Open During Service ☐ Closed During Service

Type of Casket: ☐ Hardwood ☐ Metal ☐ Cremation Casket ☐ Other: \_\_\_\_\_

Description of Casket: \_\_\_\_\_

Protected When Away from Home: ☐ Yes ☐ No Contract #: \_\_\_\_\_

Participant: \_\_\_\_\_

Name of Receiving Funeral Provider: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone #: \_\_\_\_\_

All Services and Merchandise are prepaid and Contracts can be found at: \_\_\_\_\_

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## PALL BEARERS

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## ADDITIONAL INSTRUCTIONS

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# LIFE HISTORY

THIS INFORMATION PERTAINS TO: \_\_\_\_\_

*Please use the space below to list achievements and accomplishments from your life.*

Childhood: \_\_\_\_\_

\_\_\_\_\_

Adolescence: \_\_\_\_\_

\_\_\_\_\_

Young adulthood: \_\_\_\_\_

\_\_\_\_\_

Family moments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Career accomplishments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Civic accomplishments/involvement: \_\_\_\_\_

\_\_\_\_\_

Special Achievements/Awards/Additional Notes and Memories: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# GENEALOGY/FAMILY HISTORY

THIS INFORMATION PERTAINS TO: \_\_\_\_\_

Provide information on family members including: *Father, Mother, Brother(s), Sister(s), Spouse, Son(s), Daughter(s), Grandparent(s), Grandchildren, other significant people in your life.*

Name: _____ First MI Last	Relationship: _____
Phone #: _____	E-mail: _____
Maiden/Spouse's Name: _____	Marriage: _____ Date
Place of Birth: _____ City State	Birth: _____ Date
Place of Death*: _____ City State	Date of Death*: _____ Date <i>*if applicable</i>

Name: _____ First MI Last	Relationship: _____
Phone #: _____	E-mail: _____
Maiden/Spouse's Name: _____	Marriage: _____ Date
Place of Birth: _____ City State	Birth: _____ Date
Place of Death*: _____ City State	Date of Death*: _____ Date <i>*if applicable</i>

Name: _____ First MI Last	Relationship: _____
Phone #: _____	E-mail: _____
Maiden/Spouse's Name: _____	Marriage: _____ Date
Place of Birth: _____ City State	Birth: _____ Date
Place of Death*: _____ City State	Date of Death*: _____ Date <i>*if applicable</i>

Name: _____ First MI Last	Relationship: _____
Phone #: _____	E-mail: _____
Maiden/Spouse's Name: _____	Marriage: _____ Date
Place of Birth: _____ City State	Birth: _____ Date
Place of Death*: _____ City State	Date of Death*: _____ Date <i>*if applicable</i>

Name: _____ First MI Last	Relationship: _____
Phone #: _____	E-mail: _____
Maiden/Spouse's Name: _____	Marriage: _____ Date
Place of Birth: _____ City State	Birth: _____ Date
Place of Death*: _____ City State	Date of Death*: _____ Date <i>*if applicable</i>

# WILL & ESTATE

THIS INFORMATION PERTAINS TO: \_\_\_\_\_

## WHY IS A WILL IMPORTANT?

Having a Will that clearly documents your wishes in the event of your death is critical for distribution of your financial estate and addressing guardianship of minor children. It is advised that you have an attorney handle the creation and final preparation of your Will, the self-crafted Will often times does not hold up when contested in court.

Don't put the fate of your entire life's work into the hands of a state appointed administrator. The time and nominal cost it takes to officially and accurately complete a Will is going to provide significant piece of mind to you and your family.

I have a Will: ☐ Yes ☐ No

Date Will was created: \_\_\_\_\_

Location of Will: \_\_\_\_\_

Prepared by (Attorney): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone #: \_\_\_\_\_

Executor/Executrix: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone #: \_\_\_\_\_



# SOCIAL SECURITY

Social Security lump sum payment can be made to a surviving family member (spouse or child) upon the death of an eligible person. And in some cases, survivor's checks may be sent to members of a worker's family. It is best to contact the Social Security Administration office to verify options and benefits upon death.

You will need the following information when contacting the Social Security Administration:

- ☐ 1. Social Security Number
- ☐ 2. Marriage License
- ☐ 3. Children's Birth Certificates
- ☐ 4. W2 for the previous two years
- ☐ 5. Proof of widow(er)'s age if 62 years or older
- ☐ 6. Certified Copy of Death Certificate

It is best to apply for a lump sum death payment as soon as possible, most often these payments will not be made if death has occurred more than two years prior. It is recommended that you review your Social Security records every few years to make sure all earnings are accurately accounted for.

Social Security Number for: \_\_\_\_\_

Number: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

Nearest Social Security Office: \_\_\_\_\_  
Street Address City State Zip Code

Phone #: \_\_\_\_\_

**SOCIAL SECURITY ADMINISTRATION**

**TOLL-FREE PHONE NUMBER:**

**1-800-772-1213**

**[www.ssa.gov](http://www.ssa.gov)**

# VETERANS' BURIAL BENEFITS

If you are a veteran, SouthCare will provide you with a Veterans' Guide that contains information and important forms for requesting military honors and services. Below is a summary of some of the veterans' burial benefits.

## BURIAL ALLOWANCE

The U.S. Department of Veterans Affairs (VA) furnishes a partial reimbursement of eligible veterans' burial and funeral costs. When the cause of death is service-related, the reimbursement is generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot interment allowance. You may be entitled to a VA burial allowance if:

- ❑ You paid for a veteran's burial or funeral AND
- ❑ You have not been reimbursed by another government agency or some other source, such as the deceased veteran's employer AND
- ❑ The veteran was discharged under conditions other than dishonorable

In addition, at least one of the following conditions must be met:

- ❑ The veteran died because of a service-related disability OR
- ❑ The veteran was getting VA pension or compensation at the time of death OR
- ❑ The veteran was entitled to receive VA pension or compensation but decided not to reduce his/her military retirement or disability pay OR
- ❑ The veteran died in a VA hospital or while in a nursing home under VA contract.

*Service-related death* The VA will pay an allowance toward burial and funeral expenses, and a plot interment allowance. If the death happened while the veteran was in a VA hospital or under contracted nursing care, the cost of moving the deceased may be reimbursed.

*Non-service related death.* The VA will pay an allowance toward burial expenses.

## HEADSTONES & MARKERS

- ❑ The VA furnishes upon request, at no charge to the applicant, a Government headstone or marker to mark the unmarked grave of an eligible veteran in any cemetery around the world.
- ❑ Flat bronze, granite or marble markers and upright granite and marble headstones are available.
- ❑ The style chosen must be consistent with existing monuments at the place of burial. The cemetery must certify that the type chosen is permitted on the grave of the deceased.
- ❑ Niche markers are also available to mark columbaria used for inurnment of cremated remains.

## BURIAL FLAGS

Most veterans are eligible for a burial flag. Reservists entitled to retired pay are also eligible to receive a burial flag.

To facilitate receiving veteran benefits for which you may be eligible, you will need the following when you contact the Veterans Administration Office.

- ❑ Proof of the veteran's military service (DD 214)
- ❑ Service Serial Number
- ❑ Marriage License (if applicable)
- ❑ Children's Birth Certificate (if applicable)
- ❑ Certified Copy of the Death Certificate

VETERAN'S ADMINISTRATION  
TOLL-FREE PHONE NUMBER: 1-800-827-1000  
[www.va.gov](http://www.va.gov)

# PLEASE NOTIFY

THIS INFORMATION PERTAINS TO: \_\_\_\_\_

PLEASE NOTIFY THE FOLLOWING FRIENDS:

*Name*

*Phone#*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE NOTIFY THE FOLLOWING COLLEAGUES:

*Name*

*Professional Relationship*

*Phone #*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE NOTIFY THE FOLLOWING ORGANIZATIONS:

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

# FINANCIAL ASSETS & INFORMATION

*Documenting all banking, safe deposits, credit cards, life insurance and real estate will ensure that nothing gets overlooked or forgotten.*

THIS INFORMATION PERTAINS TO: \_\_\_\_\_

## CREDIT CARD(S):

☐ Visa    ☐ MasterCard    ☐ Am. Express    ☐ Discover    ☐ Other \_\_\_\_\_

Account #: \_\_\_\_\_ \* Exp Date: \_\_\_\_\_

☐ Visa    ☐ MasterCard    ☐ Am. Express    ☐ Discover    ☐ Other \_\_\_\_\_

Account #: \_\_\_\_\_ \* Exp Date: \_\_\_\_\_

☐ Visa    ☐ MasterCard    ☐ Am. Express    ☐ Discover    ☐ Other \_\_\_\_\_

Account #: \_\_\_\_\_ \* Exp Date: \_\_\_\_\_

☐ Visa    ☐ MasterCard    ☐ Am. Express    ☐ Discover    ☐ Other \_\_\_\_\_

Account #: \_\_\_\_\_ \* Exp Date: \_\_\_\_\_

☐ Visa    ☐ MasterCard    ☐ Am. Express    ☐ Discover    ☐ Other \_\_\_\_\_

Account #: \_\_\_\_\_ \* Exp Date: \_\_\_\_\_

☐ Visa    ☐ MasterCard    ☐ Am. Express    ☐ Discover    ☐ Other \_\_\_\_\_

Account #: \_\_\_\_\_ \* Exp Date: \_\_\_\_\_

## BANK RECORDS:

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Type: ☐ Checking #: \_\_\_\_\_

☐ Savings #: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Type: ☐ Checking #: \_\_\_\_\_

☐ Savings #: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Type: ☐ Checking #: \_\_\_\_\_

☐ Savings #: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Type: ☐ Checking #: \_\_\_\_\_

☐ Savings #: \_\_\_\_\_

## SAFE DEPOSIT BOX:

Safe Deposit Location: \_\_\_\_\_

Box #: \_\_\_\_\_ Location of key: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\*Numbers are recorded in case of loss or theft, as reference.

- Financial Assets & Information continued on reverse

# FINANCIAL ASSETS & INFORMATION

*Financial Assets & Information continued -*

## LIFE INSURANCE:

Location of Policy/Policies: \_\_\_\_\_

Type: ☐ Universal ☐ Term ☐ Whole Life ☐ Group ☐ Other \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Amount: \_\_\_\_\_

Type: ☐ Universal ☐ Term ☐ Whole Life ☐ Group ☐ Other \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Amount: \_\_\_\_\_

Type: ☐ Universal ☐ Term ☐ Whole Life ☐ Group ☐ Other \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Amount: \_\_\_\_\_

Type: ☐ Universal ☐ Term ☐ Whole Life ☐ Group ☐ Other \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Amount: \_\_\_\_\_

Type: ☐ Universal ☐ Term ☐ Whole Life ☐ Group ☐ Other \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Amount: \_\_\_\_\_

## REAL ESTATE:

Deed to: \_\_\_\_\_ Name on Deed: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Location: \_\_\_\_\_

Deed to: \_\_\_\_\_ Name on Deed: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Location: \_\_\_\_\_

Deed to: \_\_\_\_\_ Name on Deed: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Location: \_\_\_\_\_

# FINANCIAL ASSETS & INFORMATION

*Financial Assets & Information continued –*

STOCKS, BONDS, VEHICLE(S), ETC.\*

Type/Description: \_\_\_\_\_

Company: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type/Description: \_\_\_\_\_

Company: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type/Description: \_\_\_\_\_

Company: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type/Description: \_\_\_\_\_

Company: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type/Description: \_\_\_\_\_

Company: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

HEIRLOOMS & SENTIMENTAL ITEMS:

*Item:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*To be given to:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Items of financial value should also be recorded and addressed in a Will for legal assuredness.*



# MEDICAL INFORMATION

THIS INFORMATION PERTAINS TO: \_\_\_\_\_

Medical history and information is important for your family to have on hand as doctors will request this information from them.

I HAVE RECEIVED MEDICAL TREATMENT FOR THE FOLLOWING HEALTH ISSUES:

- ☐ Cancer: \_\_\_\_\_
- ☐ Diabetes: \_\_\_\_\_
- ☐ Circulatory Problems: \_\_\_\_\_
- ☐ Heart: \_\_\_\_\_
- ☐ Kidney Disorder: \_\_\_\_\_
- ☐ Tuberculosis: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

I am allergic to the following drugs:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

Zip Code

I have a Living Will: ☐ Yes ☐ No

Location of document: \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am an Organ Donor: ☐ Yes ☐ No

Additional remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_