

## *Personal Information*

Full Name \_\_\_\_\_

Address \_\_\_\_\_

P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Driver's License Number or State ID \_\_\_\_\_

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

Computer Access Password (optional) \_\_\_\_\_

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

Marital Status:  Single  Married  Divorced  Widowed

Maiden Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Deceased

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

Maiden Name \_\_\_\_\_

### ***Parents Information***

Mother's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Deceased

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

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Deceased

### ***Name of Siblings***

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Deceased

MY PERFECT WILL.

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Deceased

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Deceased

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Deceased

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Deceased

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Deceased

***Name of Children***

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

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

Marital Status:  Single  Married  Divorced  Widowed  Deceased

Spouse's Name \_\_\_\_\_  Deceased

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

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

Marital Status:  Single  Married  Divorced  Widowed  Deceased

Spouse's Name \_\_\_\_\_  Deceased

## *Life Insurance Policies*

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_

Type  Univ. Life  Term  Accidental  Final Expense  Other \_\_\_\_\_

Face Value Amount \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_

Type  Univ. Life  Term  Accidental  Final Expense  Other \_\_\_\_\_

Face Value Amount \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_

Type  Univ. Life  Term  Accidental  Final Expense  Other \_\_\_\_\_

Face Value Amount \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_

Type  Univ. Life  Term  Accidental  Final Expense  Other \_\_\_\_\_

Face Value Amount \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_

## *Checklist of Things to Do After Death*

### **Notify the following:**

- |  |   |
|--|---|
| <input type="checkbox"/> Doctor or Coroner       | <input type="checkbox"/> Funeral Director                   |
| <input type="checkbox"/> Family and Friends      | <input type="checkbox"/> Insurance Agent                    |
| <input type="checkbox"/> Spiritual Leader        | <input type="checkbox"/> Unions and Fraternal Organizations |
| <input type="checkbox"/> Employer                | <input type="checkbox"/> Social Security Administration     |
| <input type="checkbox"/> Veterans Administration | <input type="checkbox"/> Financial Advisor/Planner          |
| <input type="checkbox"/> Attorney                |   |

### **Select:**

- |  |  |
|--|--|
| <input type="checkbox"/> Location of Arrangements      | <input type="checkbox"/> Pallbearers     |
| <input type="checkbox"/> Date and Time of Arrangements | <input type="checkbox"/> Blanket or Robe |
| <input type="checkbox"/> Casket or Urn                 | <input type="checkbox"/> Obituary        |
| <input type="checkbox"/> Clothing/Attire               | <input type="checkbox"/> Thank You Cards |

### **Financial Obligations:**

- |   |  |
|---|--|
| <input type="checkbox"/> Religious Organization | <input type="checkbox"/> Cemetery Plot     |
| <input type="checkbox"/> Funeral Home           | <input type="checkbox"/> Interment Service |
| <input type="checkbox"/> Headstone              |  |

### **Necessary Documents:**

- |  |   |
|--|---|
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Insurance Policies |
|--|---|

### **Required Actions:**

- Close Accounts
- Contact Insurance Company
- Contact Financial Advisor/Planner
- Contact Attorney to execute Will or Administer Trust
- Contact Creditors i.e., Credit Card, Mortgage and Auto Companies
- Contact Postal Service to forward or cancel delivery of mail
- Contact Social Security Administration at 800-772-1213 for death benefit
- Contact Veteran's Administration at 800-827-1000, if applicable

