

STEP 3 - ESTATE/FINANCIAL INFORMATION (Optional)

Do you have a will? Yes No Living Will: Yes No Trust: Yes No Location _____

Attorney or Power of Attorney _____ Phone _____

Name and Location of your Bank _____ Safe Deposit Box: _____

Location of Birth Certificate _____ Marriage License _____

Health Insurance Company _____ Policy # _____

Life Insurance Company _____ Policy # _____

Location of Military Records (DD214) _____

Location of Other Records, Deeds, Titles, etc. _____

Notes: _____

Final Thoughts

We hope that you have found this planning guide helpful. By completing it, your services will be more thoughtful, more memorable, less expensive and less stressful. We recommend you fill this booklet out within a week or so, because it is important to do it sooner rather than later.

Families are required to make funeral/cremation arrangements every day, often without much preparation. When they have a booklet like this, as a guide, the experience is much less stressful and more meaningful. Many people today are taking the next step and actually create a prearranged funeral plan and fund it using a preneed funeral insurance plan. That way not only will their family have the information they need to arrange the funeral, they also have the peace of mind that has been pre-paid.

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MY PERSONAL PLANNING GUIDE



“A Letter to My Loved Ones”

To my loved ones,

This planning guide serves to show how I would like to have my life and legacy celebrated by my friends and family. By completing this guide, it is my hope to lessen the number of decisions that need to be made by my loved ones while grieving.

I have completed this planning guide with much love and thought, hoping that sharing my wishes will make this time less stressful.

I sincerely hope you will find these suggestions to be helpful in making arrangements for me.



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STEP 1 - PERSONAL HISTORY (Please print)

First _____ Middle _____ Last _____

Maiden Name _____ Social Security Number (optional) _____

Home Phone Number _____ Email _____

Street _____ City _____

County _____ State _____ Zip _____

Birthdate _____ Birthplace _____ Gender: _____

Nationality/Citizenship _____ Highest Education Level Completed _____

Employed by (or retired from) _____ Job Title _____ Employed Since _____

Marital Status _____ Marriage Date _____ City/State _____

Spouse's/Partner's Name (include Maiden Name) _____

Father's Full Name _____ Father's Birthplace _____

Mother's Full Maiden Name _____ Mother's Birthplace _____

Father's Address _____ Mother's Address _____

If a Veteran,

Branch of Service _____ Serial No. _____

Discharge Rank/Date/Location _____

Memberships (church, unions, etc.) _____

This document contains vital statistic information that my family will need when making arrangements for me, and the choices listed represent my personal preferences for those arrangements. I understand that this document is not a contract between me and the funeral home listed. As of this date, I would prefer that my family work with (Funeral Home) _____, and honor my personal preferences.

Signed _____

Date _____

STEP 2 - PERSONAL PREFERENCES

Preferred Funeral Home _____ Phone _____

Church Preference _____ Phone _____

Officiant _____ Phone _____

Service to be Held at: Mortuary/Funeral Home _____ Church _____

Chapel _____ Graveside _____ Other _____

Viewing: Yes No Obituary: Yes No Picture: Yes No

Newspaper(s) _____ Online _____

Disposition Preference: Burial Cremation Other _____

Casket/Urn _____ Vault _____

Pallbearers to be Selected by _____

Participating Fraternal, Military or Service Organization _____

Flag (If Veteran): Folded Draped Given to _____

Specific Clothing _____ Glasses Yes No

Jewelry _____ Flowers (type) _____

Favorite Music Selections _____

Specific Requests to be Performed at Service _____

Favorite Literature or Religious Passage/Verse _____

Contributions (Name of Charity) _____

Cemetery Property Owned: Yes No Cemetery _____ City _____ State _____

Location: Space _____ Lot _____ Vault _____ Marker _____

Cremation: Niche Urn Urn Vault

Additional Requests: _____