

y Funeral anning Guide

My Background

Full Name:	
Street Address:	
State:	Zip:
Social Security Number:	
Date of Birth:	
Place of Birth:	
Sex:	
Occupation:	
Business:	
Years Employed:	
Military Serial or Regimental Number:	
Rank:	
Places and Dates of Service:	
War Record:	
Education:	
Titles / Designations:	
Club / Lodge Memberships:	
Volunteer Associations:	
Marital Status:	
Maiden Name:	
Name of Spouse:	
Date of Marriage:	
Father's Name:	
Father's Place of Birth:	
Mother's Maiden Name:	
Mother's Place of Birth:	

My Family

My Children		
Special Instructions:		
My Siblings		
Special Instructions:	 	
My Extended Family		
Special Instructions:		
My Special Friends		
Special Instructions:		
My Pets		

My Life

## My Accomplishments

My Favorite Memories

My Religious Affiliation / My Church

My Organizations / Clubs

My Hobbies and Interests

My Favorite Writings, Scriptures, Music

My Memorial Service Should Express



💚 I am an organ donor: Yes 🔲 No 🗌
Preferred Funeral Home:
Place of Service:
Type of Service:
Special Requests:
Clergy / Layperson:
Reading / Scripture Selections:
Music:
Flowers:
Lodge, Society or Organization Present:
Veteran's Flag - Folded or Draped:
Clothing:
Jewelry / Glasses:
Casket - Wood, Copper, Bronze or Steel:
Open or Closed Casket:
Outer Burial Container - Copper, Bronze, Steel or Concrete:
Pallbearers:
Urn - Bronze, Wood, Marble or Other:
Memorial Service Prior to or After Cremation:
Memorial Service With or Without Cremated Remains:
Disposition of Cremated Remains:
Cemetery Name and Telephone:
Memorial Service at Cemetery:
Burial / Mausoleum / Lawn Crypt Space:
Alternative Disposition:
Monument Type:
Material:
Size / Specifications:
Inscription:

My Important Documents

Will and Testament	-		
Location:			
Special Instructions:			
Insurance Policies			
Location:			
	Policy/Certificate Number:	Benefit Amount:	Purpose:
Social Security Benefit	ts		
Location:			
Details:			
Military Records / Vet	eran's Benefits		
Location:			
401K / Retirement Be	nofits		
	nents	Contact.	
company			
Safe Deposit Box			
		_ Keys:	
Contents:			

## My Important Documents

Bank Accounts			
Location of Bank Stateme	ents:		
Bank Name/Address:	Account Number:	Type of Account:	Name(s) on Account:
Stocks, Bonds, Mutua	l Funds		
Location:			
Miscellaneous Assets			
Location:			
Details:			
Deeds / Mortgages			
Location:			
Details:			
Automobile Titles / Re	ecords		
Location:			
Tax Returns and Reco			
Location:			
Details:			







Columbian Life Insurance Company is not licensed in every state.

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