



# When I leave you

## My Details<sup>1</sup>

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

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

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

Father's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

## Who's In Charge?

The following person will be delegated to have the final authority on all aspects of my final arrangements, which are not covered by the legally-assigned duties of the Executor/Executrix (if a different person), the will, or the lawyer:

Name: \_\_\_\_\_

Relation to me: \_\_\_\_\_

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

\_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

<sup>1</sup> If you will have no direct living relatives (parents, siblings, spouse or children), please provide the names of your parents' siblings and their children in Appendix A



## Funeral Arrangements

### Funeral Home/Crematorium

Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Burial  Open Casket  Closed Casket  Green Burial

Cremation  Urn  Ashes are to be scattered  at: \_\_\_\_\_  
(tell me where to scatter the ashes)

Urn to be buried/entombed  *If yes, please give the information where this is to be buried or entombed.*

I would  would not  like to have photographs displayed at the funeral home and/or memorial service.

If yes, these photos can be found

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

I have identified these photos by \_\_\_\_\_

\_\_\_\_\_

### Cemetery/Crypt

Name: \_\_\_\_\_

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

\_\_\_\_\_

Contact Name & Details: \_\_\_\_\_

Cemetery Plot/Crypt Alcove Designation or Number: \_\_\_\_\_

Where can the paperwork be found? \_\_\_\_\_





**Calling Cards:**

Both an image and a verse need to be selected for the calling cards at the funeral.

My preference for an image would be:

Religious  Spiritual  Floral/Nature  Other: \_\_\_\_\_

Additional information: \_\_\_\_\_

If there is a special verse that you would like to have on the back side of the card? If so, please either copy/print it here, or provide the reference to the verse:

**Flowers:**

My favorite flowers are: \_\_\_\_\_

I would  would not  like to have flowers at the funeral/cremation/memorial service.

In lieu of flowers, I would like donations made to the following charities:

**Pall Bearers:**

If you will have a casket and choose to be buried, please list those people (normally, men), who would be appropriate pall bearers. If they are not known family, please also provide their address, telephone number and/or e-mail address:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_



**Attorney**

Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Executor/Executrix**

Name: \_\_\_\_\_

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

Telephone:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**House of Worship/Memorial Services:**

I do  do not  a house of worship or memorial service

*Hymns/Music:*

My favorite hymns/music are:

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

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

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

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



*Readings:*

I would like to have the following passages read at the services:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If these are from sources, other than the bible, please be sure to provide me with all of the information – title of source, page, paragraph – whatever is necessary to identify the portion that you would like to have shared with your mourners.

*Participants:*

I would like the following people to participate in my memorial service, either by giving one of the readings, or bringing forward the host (Catholic):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Again, if they are not known family, please also provide their address, telephone number and/or e-mail address.

**Interment of the Remains**



**Who Needs to be Notified**

Please include the contact details for all family, friends and other contacts that need to be notified of your passing. Please include your doctors' information:

Name	Contact Details	Relationship

**Dependents – Minor Children, Children with Special Needs, Parents or Elderly Relatives**

Name	Age	Residence

Please see attached sheet "Appendix B" to be completed for each dependent to include: their caretaker (either current or after your death), school information, medical information, and name of a family member that can assist on the day of death.

**Instructions for My Pet**

If my pet(s) is still alive, when I depart, please see that the following caretaker is notified:

Name: \_\_\_\_\_

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

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

My pet's veterinary "passport" or book can be found (please tell me where I can find it):

His/her food can be found:



*Veterinary Information:*

Name: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_

**Additional Contacts**

Name	Contact Details	Relationship
		Accountant/Bookkeeper
		Care-giver/Aid
		Doctor
		Doctor
		Doctor
		Doctor
		Vet (if you have a pet)
		Pharmacy
		Financial Planner
		Insurance Agent
		Personal Banker
		Stock Broker

**Utilities**

Type	Provider	Account Number
Electric		
Gas		
Telephone		
Cable/Internet		
EZPass/Electronic Toll Pass		
Garbage/Sanitation		
Cell Phone		





**Retirement Information**

If you are receiving retirement benefits, please provide the information below for as many as you are receiving:

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

Employee or Retirement ID Number: \_\_\_\_\_

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

Employee or Retirement ID Number: \_\_\_\_\_

*On-Line Access to Retirement Account:*

If you have access to your Retirement Account(s) on-line, please provide all of the necessary access information below for each account:

User Name: \_\_\_\_\_

Password: \_\_\_\_\_

Answers to Security Questions: \_\_\_\_\_

User Name: \_\_\_\_\_

Password: \_\_\_\_\_

Answers to Security Questions: \_\_\_\_\_

**Computer Information:**

*If this information is recorded elsewhere, please explain where that information can be found:*

*Laptop*

User Name/Account: \_\_\_\_\_

Password: \_\_\_\_\_

*Tablet*

User Name/Account (if appropriate): \_\_\_\_\_

Password: \_\_\_\_\_



*Smart Phone*

User Name/Account (if appropriate): \_\_\_\_\_

Password: \_\_\_\_\_

*Others*

**Social Media**

After you are gone, the Social Media accounts will be deleted/closed.

*Facebook*

User Name: \_\_\_\_\_

Password: \_\_\_\_\_

*LinkedIn*

User Name: \_\_\_\_\_

Password: \_\_\_\_\_

*Twitter*

User Name: \_\_\_\_\_

Password: \_\_\_\_\_

*Snapchat*

User Name: \_\_\_\_\_

Password: \_\_\_\_\_

*Others*



**Financial Information**

My financial records can be found:

Bank/Credit Union Name: \_\_\_\_\_

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

Accounts (including credit cards and loans):

Type	Number	Co-signer

Bank/Credit Union Name: \_\_\_\_\_

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

Accounts:

Type	Number	Co-signer

Investment Portfolio Broker/Company: \_\_\_\_\_

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



Investment/Brokerage Accounts:		
Type	Number	Co-signer
On-line Banking Access:		
Bank	User ID	Password
On-line Credit Card Access (non-bank):		
Credit Card	User ID	Password
<b>Answers to Security Questions:</b> 1. _____ 2. _____ 3. _____		
<b>Answers to Security Questions:</b> 1. _____ 2. _____ 3. _____		
<b>Answers to Security Questions:</b> 1. _____ 2. _____ 3. _____		



Answers to Security Questions:

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

**Insurance**

Type/Policy Number	Agent	Contact Details
Life		
Home/Personal Liability		
Auto		
Other		

Date Completed: \_\_\_\_\_

Revision Date(s): \_\_\_\_\_



# Appendix A

In some jurisdictions the court will be required to reach out to the next level of family relationships, if you have no living immediate family (parents, siblings, spouse, and/or children) at the time of your passing. Please provide the information on your parents' siblings (your aunts and uncles) and their children (first cousins). Please continue on a separate page, if the space below is not sufficient.

It would also be helpful if you can provide a link to a genealogy website that would confirm the information and/or attach a copy of the family's tree.

Mother's Family	Father's Family
<p>Sibling 1: Name:  Birth Date:  Date of Death:  Address:</p>	<p>Sibling 1: Name:  Birth Date:  Date of Death:  Address:</p>
<p>Children: <i>Name:</i>  <i>Birth Date:</i>  <i>Date of Death:</i>  <i>Address:</i></p>	<p>Children: <i>Name:</i>  <i>Birth Date:</i>  <i>Date of Death:</i>  <i>Address:</i></p>
<p>Name:  Birth Date:  Date of Death:  Address:</p>	<p>Name:  Birth Date:  Date of Death:  Address:</p>



<p><i>Name:</i></p> <p><i>Birth Date:</i></p> <p><i>Date of Death:</i></p> <p><i>Address:</i></p>	<p><i>Name:</i></p> <p><i>Birth Date:</i></p> <p><i>Date of Death:</i></p> <p><i>Address:</i></p>
<p>Sibling 2:</p> <p>Name:</p> <p>Birth Date:</p> <p>Date of Death:</p> <p>Address:</p> <p>Children:</p> <p><i>Name:</i></p> <p><i>Birth Date:</i></p> <p><i>Date of Death:</i></p> <p><i>Address:</i></p> <p>Name:</p> <p>Birth Date:</p> <p>Date of Death:</p> <p>Address:</p>	<p>Sibling 2:</p> <p>Name:</p> <p>Birth Date:</p> <p>Date of Death:</p> <p>Address:</p> <p>Children:</p> <p><i>Name:</i></p> <p><i>Birth Date:</i></p> <p><i>Date of Death:</i></p> <p><i>Address:</i></p> <p>Name:</p> <p>Birth Date:</p> <p>Date of Death:</p> <p>Address:</p>



<p><i>Name:</i></p> <p><i>Birth Date:</i></p> <p><i>Date of Death:</i></p> <p><i>Address:</i></p>	<p><i>Name:</i></p> <p><i>Birth Date:</i></p> <p><i>Date of Death:</i></p> <p><i>Address:</i></p>
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## Appendix B

Dependent's Full Name: \_\_\_\_\_

Dependent's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Care Giver (Nanny, Babysitter, Senior Day Care, etc.) Name: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Is this person in assisted living? If yes:

Name of assisted living home: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Doctor's Name	Specialty	Contact Details

Is this person on regular medication? If yes, please list information below and where this can be found:

Medication Name	Dosage	Frequency

Is there a regular routine/schedule that person follows? If so, please provide details, including names and contacts of any relevant individuals.