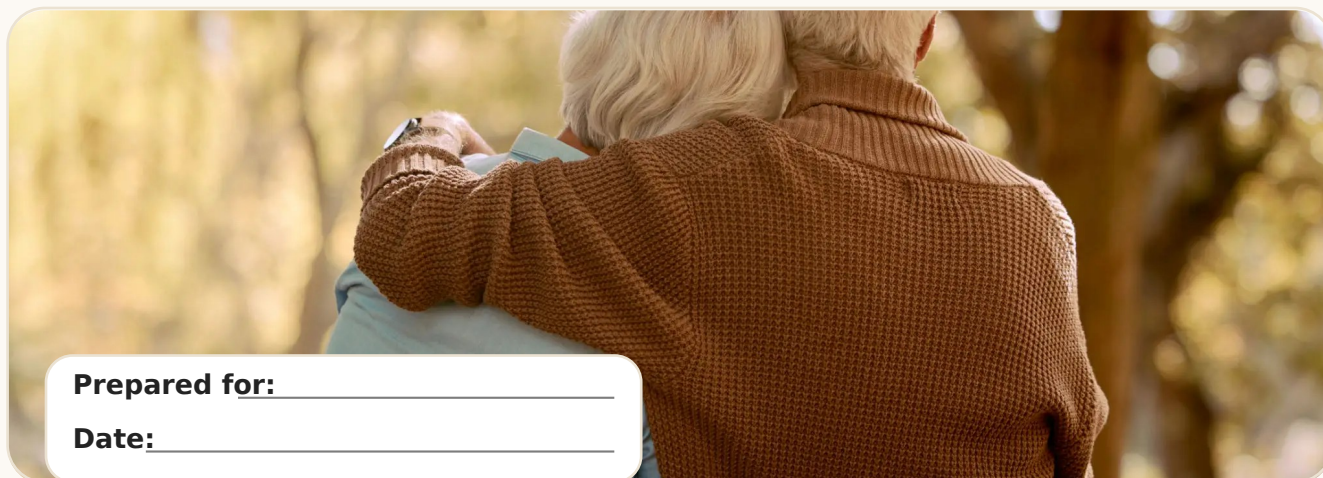


Planning Ahead Guidebook

A practical workbook to help your family know what to do, and where to find it.



Prepared for: _____

Date: _____

What this guide helps you organize

- Vital statistics and important documents
- Personal information and life history details
- Newspaper/obituary information (if needed)
- Funeral and cemetery preferences
- Key contacts: attorneys, banks, doctors, and other advisors
- Digital access & account recovery notes (without listing passwords)
- Relatives & friends to notify

How to use this workbook

Complete it once, then review it once a year (or whenever something changes). Keep it in a safe, easy-to-find place, and make sure at least two trusted family members know where it is stored.

Vital Statistics

Name _____

Address _____

Social Security # _____ Citizenship _____

Date of birth _____ Place of birth _____

Marital status _____ Maiden name _____

Name of spouse _____ Date deceased _____

Wedding date _____

Father's name _____ His place of birth _____

Mother's name _____ Her place of birth _____

Military service branch _____ Pension/VA claim # _____

Induction date/place _____

Serial # _____ Rank _____

War(s) served _____ Decorations _____

Discharge date/place _____

Important Documents Checklist

- | | |
|---|---|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Stocks and bonds |
| <input type="checkbox"/> Marriage certificate | <input type="checkbox"/> Pension/union plan |
| <input type="checkbox"/> Insurance policies | <input type="checkbox"/> Military records |
| <input type="checkbox"/> Last will and testament | <input type="checkbox"/> Auto records/papers |
| <input type="checkbox"/> Bank account numbers/passbooks | <input type="checkbox"/> Cemetery property deed |
| <input type="checkbox"/> Mortgage papers | <input type="checkbox"/> Credit cards/numbers |
| <input type="checkbox"/> Safety deposit box location | <input type="checkbox"/> Special message to my family |
| <input type="checkbox"/> Funeral pre-arrangement contract | <input type="checkbox"/> Other |

It is best to gather all this information and keep it all together in a place that is easily accessible and its location is known by at least two family members.

Personal Information

Education _____

High school _____ Dates attended _____

College _____ Dates attended _____

College _____ Dates attended _____

Occupation _____

Employer _____

Position held _____ Years employed _____

Employer _____

Position held _____ Years employed _____

Organizations, clubs, and offices held _____

Significant life accomplishments _____

Unfinished work _____

Pets _____

Hobbies _____

Favorite things _____

Color _____ Flower _____

Song _____ Music _____

Poem _____ Book _____

Place _____ Other _____

Fondest memory _____

Information for Newspaper

Spouse, widow, or widower of _____

Date of death _____ Place of death _____

Children and their residences _____

Grandchildren and their residences _____

Brothers and their residences _____

Sisters and their residences _____

Funeral Service Preferences

Religious beliefs to be expressed _____

Religious affiliation _____

Name and address of church/synagogue/temple _____

Funeral home name/address _____

Funeral home phone number _____

Funeral Director _____ Place of service _____

Type of service _____ Clergyman _____

Special requests _____

Clothing (selected/purchased) _____

Jewelry (leave on/leave to family) _____

Glasses (on/off) _____ Hairstyle _____

Religious articles _____ Music _____

Casket _____ Visitation/calling hours _____

Flowers/donations _____

Cemetery Instructions

Name of cemetery/location _____

Deed/plot/location _____

Final disposition ☐ Burial ☐ Cremation ☐ Mausoleum ☐ Other

Memorial tablet _____ Type _____

Inscription _____

Financial Details

Financial provisions arranged in advance _____

Policy # _____ Plan _____

Initial death benefit _____ Issue date _____



Record of Personal Affairs

Attorney _____ Phone _____

Address _____

Accountant _____ Phone _____

Address _____

Executor/Administrator _____ Phone _____

Address _____

Stock Broker _____ Phone _____

Address _____

Bank _____ Phone _____

Address _____

Life Insurance Company _____ Phone _____

Address _____

Pension or Union Plan _____ Phone _____

Address _____

Real Estate Broker _____ Phone _____

Address _____

Physician _____ Phone _____

Address _____

Additional Information

Digital Access & Passwords

Safety tip (recommended):

Do NOT write passwords on this page. Instead, write where they are stored (password manager, sealed envelope, home safe, attorney file) and who has access. If you use 2-factor authentication, note which device/app has it.

Password Manager & Recovery

Password manager used (if any) _____

Master password location _____ Recovery key / backup codes location _____

Who can access it (name) _____ Who else knows location (name) _____

Primary Email & Phone (Used for Password Resets)

Primary email address _____

Cell phone number _____ Carrier (optional) _____

Two-Factor Authentication (2FA)

Methods used: ☐ Text/SMS ☐ Authenticator App ☐ Email ☐ Security Key

Authenticator app name _____ On which device (phone/tablet) _____

Backup codes location _____

Devices & Unlock Info

Device / Model	Unlock method	Apple ID / Google email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Key Online Accounts to Note

- | | |
|---|--|
| <input type="checkbox"/> Banking | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Credit cards | <input type="checkbox"/> Medicare / health portal |
| <input type="checkbox"/> Investments / retirement | <input type="checkbox"/> Utilities / phone / internet |
| <input type="checkbox"/> Insurance portals | <input type="checkbox"/> Subscriptions (streaming, etc.) |

Where Important Digital Files Are Stored

Cloud storage (Google Drive / iCloud / Dropbox) _____

Computer / external drive location _____

Home safe / binder / attorney file location _____

Relatives and Friends to be Notified

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

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