MY FINAL WISHES

Memorial Guide for My Loved Ones

This will help you successfully handle the various tasks thrust upon you by my death.

I sincerely appreciate and love you.

I thank you with all my soul.

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About Me...

Full Name:	
Maiden Name (if applicable):	
Address:	
Social Security Number:	
Birthplace:	Birthdate:
Citizenship:	Resident since:
Occupation:	Since:
Employer:	Date Employed:
Marital Status:	
Spouse:	
Name of Father:	
His place of birth:	
Name of Mother:	
Her place of birth:	

Vetera	n's Record
Serial or regimental #: _	
Rank:	Branch:
Name of War(s):	
Date entered service:	
Date discharged:	

People to Notify...

Please notify the following relatives and friends:

Name	Relationship	Phone

Obituary Information...

Born at:	on:	
Education:		
Married:	Date:	
Religious affiliation:		
Clubs and Lodges:		
War record:		
Information about employr	ment:	
Other Information:		
Surviving relatives:		Place of
Name	Relationship	Residence

Memorial Service...

The following are my desires for my memorial.

Funeral Dire	ctor of choice:			
Location of	service:			
Church Affili	ation:			
Clergy:				
Personal Effe	ects:			
☐ Wedd	ding Band	☐ Stays On	☐ Return to	
☐ Eyegl	asses	☐ Stay On	☐ Return to:	
☐ Othe	ſ	☐ Stays On	☐ Return to:	
Clothing Pre	ference:			
☐ Curre	nt Wardrobe	□ New	Other:	
Desc	ription/Color: _			
Pallbearers:				
Music:	1			
	or let	amily 🔲 Funer	al Home choose music	
Flowers:				
Other:				

Cemetery...

Preferred interment:	☐ Earth burial	
	☐ Mausoleum entomb	ment inscription
	☐ Cremation/inurnme	nt
Name of cemetery:		
City & state:		
Own cemetery property:	☐ Yes ☐ No	ot #
Reserved facilities:	☐ Yes ☐ No	υι π
Type of property: \square Ma	usoleum 🗆 Lot 🗆	☐ Niche
Arrangement preferred:		
☐ Family estate ☐] Companion ☐ Sing	le
Casket preferences:		
Memorial tablet		
Туре:		
Inscription:		
For cremation, location of	remains:	
☐ Burial ☐ S	Scattering garden	\square Scattering air
☐ Niche ☐ 0	Cremation garden	\square Scattering sea
☐ Other:		
Other requests:		

Funding...

The following are funds	available to assist with	final expenses:
Social Security:		
Veterans allowance:		
Life insurance		
Company	Policy #	Beneficiary
Other:		
	re-paid or provided for	:
Loca	tion of Docu	ıments
Birth certificate:		
Marriage certificate:		
Will and testament:		
Trust:		
Stocks and bonds:		
Military records:		
Address book:		
Insurance documents:		

Assets...

Bank	c accounts		
	Bank name	Type of account	Account #
Add	resses of property owne	d:	
Crec	lit Cards:		
	Туре		Card Number
Safe	Deposit Box:		
Othe	er:		

Thoughts...

My Favorite	
Song:	
Color:	
Book:	
Flower:	
Season:	
What life has meant to me:	
What I always wished for:	
,	
A message to my family and friends:	

Additional Thoughts...

Significant life accomplishments:
Religious beliefs:
Times I remember most fondly:
Times Fremember most fortally.
Hobbies I enjoyed:
Favorite place:

How I Viewed...

Myself:	 	 	
My spouse:			
, ,			
My children:			
wy chiaren.	 		
My friends:			
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My work:		 	
My work:	 		

Memorial Checklist...

Notify:	Choose:		
☐ relatives	☐ memorial estate/space		
☐ friends	☐ casket		
☐ doctor or coroner	□ vault		
☐ funeral director	☐ clothing		
☐ minister and church	\square blanket or robe		
☐ co-workers	☐ flowers		
☐ pallbearers	\square music		
☐ insurance agents	\square food		
☐ unions/organizations	\square time & place		
☐ newspapers	☐ cards of thanks		
Also:			
• provide vital statistics about decease	d		
• prepare and sign necessary paperwork	k		
• inform friends and relatives of details			
Expenses:			
• hospital, doctor and/or nurse			
• funeral and interment service			
• cemetery lot			

minister

Lincoln Heritage Life Insurance Company
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