

Final Wishes and Instructions

Personal History

Full Name _____

Date of Birth _____ Social Security Number _____

Married? _____ If YES, Date _____ Place _____

Pre-Nuptial Agreement? _____ Widowed? _____ If YES, Date _____

Divorced? _____ If YES, Date _____ Single? _____

Legal Residence Address _____

_____ How Long? _____

Other Current Address _____

_____ How Long? _____

Prior Address _____

_____ From _____ To _____

Father's Name _____

Date of Birth _____ Still Living? _____

Mother's Name _____

Date of Birth _____ Maiden Name _____ Still Living? _____

Children

Name	Date of Birth

Name	Date of Birth

Brothers and Sisters

Name	Date of Birth

Name	Date of Birth

Religious Affiliation _____ At _____

Memberships (Fraternal, Service and Social Organizations, Unions, Clubs, Etc.):

Personal History (continued)

MILITARY SERVICE

Branch _____ Service Number _____ Date of Enlistment _____
Rank at Discharge _____ Date of Discharge _____

EDUCATION

Schools Attended	From	To	Degrees, Diplomas, Honors, Etc.

EMPLOYMENT

Current Employer _____ Date From _____
Address _____ Date To _____
Employee ID Number _____ Job Title _____
List Benefits Due* _____
_____ Location of Documents _____

Previous Employer _____ Date From _____
Address _____ Date To _____
Employee ID Number _____ Job Title _____
List Benefits Due* _____
_____ Location of Documents _____

Previous Employer _____ Date From _____
Address _____ Date To _____
Employee ID Number _____ Job Title _____
List Benefits Due* _____
_____ Location of Documents _____

Previous Employer _____ Date From _____
Address _____ Date To _____
Employee ID Number _____ Job Title _____
List Benefits Due* _____
_____ Location of Documents _____

*Due either now or at retirement.

Final Legal Matters

Date of latest Will _____ Location of Original Copy _____

Will was prepared according to the laws of which state? _____

Executor's or Administrator's Name and Address _____
Phone _____

Attorney's Name and Address _____
Phone _____

Does Will appoint a financial guardian for dependent child(ren)? _____ If YES:
Name(s) of Child(ren) _____
Name(s) of Designated Financial Guardian _____
Address _____ Phone _____

Does Will appoint a personal guardian for dependent child(ren)? _____ If YES:
Name(s) of Child(ren) _____
Name(s) of Designated Personal Guardian _____
Address _____ Phone _____

Special instructions in Will for distribution of his property? _____
If NO, has he created separate Codicils and/or Letters of Instruction? _____ If YES,
Location of original Codicils/Letters _____

Have a Living Will? _____ If YES, Location _____

Signed an Organ or Body Donor's Certification? _____ Location _____

Assigned his Durable Power of Attorney to someone else to make decisions regarding health care or finances?
_____ If YES, Location(s) _____

For HEALTH CARE, Person's Name and Address _____
Phone: Work _____ Home _____

Is this Durable Power of Attorney now activated? _____ If NO, under what conditions
will it be activated? _____

For FINANCES, Person's Name and Address _____
Phone: Work _____ Home _____

Is this Durable Power of Attorney now activated? _____ If NO, under what conditions
will it be activated? _____

Trusts and Life Estates:

Transferred any property or assets into a Trust? _____

Beneficiary of a Trust? _____

Does any property or assets transfer into a Trust upon death? _____

Transferred any property or assets through a Life Estate? _____

If the answer to any of these 4 questions is YES, please provide the location of the trust documents and name of attorney or CPA to contact for more information.

Funeral Instructions

Person to Conduct Service: Name _____

Address _____ Phone _____

Or, if he or she is Not Available: Name _____

Address _____ Phone _____

Desired Funeral Home or Mortuary: Name _____

Address _____ Phone _____

Service to be held at: Funeral Home or Mortuary? _____ Church, Synagogue or Mosque? _____

If Church, Synagogue or Mosque: Name _____

Address _____ Phone _____

Type of Service: Family Only? _____ Include Friends? _____ Open to Public? _____

Music: Organist? _____ Vocalist? _____ If either is YES, Please list selections _____

Disposition of his body: Burial? _____ Cremation? _____

Purchased a prepaid funeral plan? _____ If YES, # _____

At: Name of Funeral Home or Mortuary _____

Address _____ Phone _____

Purchased a: Cemetery Lot? _____ Mausoleum Crypt? _____ Columbarium Vault? _____

If YES, Name _____

Address _____ Phone _____

Lot Number _____ Block Number _____ Section _____

If Burial, Casket Viewing: Open? _____ Closed? _____

If Cremation, does he want his ashes scattered? _____ If YES, Where _____

Donate Organs or Body? _____ If YES, Which _____

To What Institution or Hospital _____

Address _____ Phone _____

Please remember that the institution or hospital must be contacted immediately.

Instead of flowers, please make donations to the following organization(s) _____

Other special requests (type of casket, Bible passages to be read, clothing, etc.) _____

People to Notify (or list the source for this information)

Christmas card list, address book (where located?) _____

Name _____ Relationship _____
Address _____
_____ Phone: Home _____ Work _____

Name _____ Relationship _____
Address _____
_____ Phone: Home _____ Work _____

Name _____ Relationship _____
Address _____
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