



# Your Final Expense Planning Guide

A Tool to Help You Prepare  
for the Road Ahead



# Personal History

My Planning Guide is designed to guide you and those close to you through the funeral planning process. By recording vital information and personal preferences now, you ease the burden for your loved ones. If you have questions regarding any aspect of funeral planning, ask your final expense agent.

## Vital Statistics

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

Sex: Male  Female  SSN: \_\_\_\_\_ Race: \_\_\_\_\_

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

In city since: \_\_\_\_\_ Moved from: \_\_\_\_\_ Year: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's place of birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's place of birth: \_\_\_\_\_

Marital status: Married  Never married  Widowed  Divorced

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Spouse/Partner (maiden name, if applicable): \_\_\_\_\_

Education (highest grade completed): Elementary/Secondary \_\_\_\_\_ College: \_\_\_\_\_

School(s) attended/degree(s) earned: \_\_\_\_\_

Church/Lodges/Memberships: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business/Industry: \_\_\_\_\_

Employer: \_\_\_\_\_ Years in occupation: \_\_\_\_\_

Hobbies: \_\_\_\_\_

## Armed Forces

Branch of service: \_\_\_\_\_ Service number: \_\_\_\_\_

Date entered: \_\_\_\_\_ Place of entry: \_\_\_\_\_

Type of separation or discharge of service: \_\_\_\_\_ Date: \_\_\_\_\_

Place of discharge: \_\_\_\_\_

Location of military discharge papers (DD214): \_\_\_\_\_

Highest grade, rank, or rating received: \_\_\_\_\_

Wars/Conflicts served: \_\_\_\_\_

Medals/Honors/Citations/Additional Information: \_\_\_\_\_  
\_\_\_\_\_

# Children, Relatives, and Friends

Use this section to record children, siblings, grandchildren, and friends.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Preceded in death by: \_\_\_\_\_

Number of grandchildren: \_\_\_\_\_ Number of great-grandchildren: \_\_\_\_\_

## Local Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## To be Notified

Please be sure to notify these individuals of my passing.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

# Important Information for Your Family's Use

Do you have a will or living trust? Yes  No

Attorney who wrote the will or trust: \_\_\_\_\_

Executor of Estate: \_\_\_\_\_

Do you have a living will? Yes  No  Location: \_\_\_\_\_

## Financial Information

### Banking

Bank name/branch: \_\_\_\_\_

Type of account:  Checking  Savings

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

Bank name/branch: \_\_\_\_\_

Type of account:  Checking  Savings

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

Bank name/branch: \_\_\_\_\_

Type of account:  Checking  Savings

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

### Credit Cards

Visa  Mastercard  American Express  Discover  Other: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

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

Visa  Mastercard  American Express  Discover  Other: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

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

Visa  Mastercard  American Express  Discover  Other: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

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

Visa  Mastercard  American Express  Discover  Other: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

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

### Mortgage

Lender: \_\_\_\_\_ Account number: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

Lender: \_\_\_\_\_ Account number: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

## Pension/retirement plans

Company: \_\_\_\_\_ Account number: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

Company: \_\_\_\_\_ Account number: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

Company: \_\_\_\_\_ Account number: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

## Insurance (homeowners, health, life, auto, etc.)

Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy number: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy number: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy number: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy number: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

## Social Media Profiles

Account name: \_\_\_\_\_ Website/URL: \_\_\_\_\_

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

Account name: \_\_\_\_\_ Website/URL: \_\_\_\_\_

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

Account name: \_\_\_\_\_ Website/URL: \_\_\_\_\_

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

## Location of Important Documents

Safe deposit box: \_\_\_\_\_ Box number: \_\_\_\_\_

Key(s) location: \_\_\_\_\_

Birth certificate: \_\_\_\_\_

Children's birth certificate(s): \_\_\_\_\_

Last will and testament: \_\_\_\_\_

Funeral and cemetery arrangement documents: \_\_\_\_\_

Real estate deeds: \_\_\_\_\_

Income tax records: \_\_\_\_\_

Auto registration/title(s): \_\_\_\_\_

Other documents: \_\_\_\_\_

# My Preferences

This section enables you and your family to keep track of which arrangements have been made and which remain to be determined.

## Memorial Instructions

Funeral home: \_\_\_\_\_ Phone: \_\_\_\_\_

Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Officiant: \_\_\_\_\_ Phone: \_\_\_\_\_

Disposition preference:  Burial  Mausoleum  Cremation

Memorial service to be held at:  Funeral home  Church  Graveside  Other: \_\_\_\_\_

Visitation/Friends calling:  Yes  No Casket:  Opened  Closed

Participating fraternal, military, or service organization: \_\_\_\_\_

Obituary:  Yes  No  Photo  Newspaper(s): \_\_\_\_\_

Pallbearers: \_\_\_\_\_

Flowers (describe): \_\_\_\_\_

Favorite religious passages, quotations, or poems: \_\_\_\_\_

Favorite musical selections: \_\_\_\_\_

Specific requests to be performed at service: \_\_\_\_\_

Contributions (name of charity): \_\_\_\_\_

Flag (if veteran):  Folded  Draped  Given to: \_\_\_\_\_

Specific clothing (describe): \_\_\_\_\_

Glasses to be worn:  Yes  No  After viewing, removed and given to: \_\_\_\_\_

Jewelry to be worn:  Yes  No  After viewing, removed and given to: \_\_\_\_\_

Specific jewelry (describe): \_\_\_\_\_

## Cemetery Instructions

Cemetery property owned:  Yes  No Cemetery: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Location, Section/Garden: \_\_\_\_\_ Lot: \_\_\_\_\_ Space: \_\_\_\_\_ Marker owned:  Yes  No

Cremation memorialization:  Niche  Burial  Other: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

The preceding information represents my desires for my funeral and burial arrangements. As of this date, I prefer that my family only spend \$\_\_\_\_\_ for these plans.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Funeral planning professional: \_\_\_\_\_





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