

# Funeral Planning

For:

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**Our Lady  
of Peace**

HOSPICE &  
HOME HEALTH CARE

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"At the end of life, what really matters is not what we bought, but what we built; not what we got, but what we shared; not our competence, but our character; and not our success, but our significance...  
Live a life of love."

Unknown

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To my family and friends,

I have prepared a booklet so that I may spare you the numerous decisions that must be made at the time of my death.

I hope to have lifted this burden off your shoulders so you can reflect upon our fond memories of the years we have together.

All my love,

# Vital Statistics

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NAME: First Middle Last

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Address

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City State Zip

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Place of Birth

---

Date of Birth

---

Citizen of

---

Social Security Number

## LEGAL MARITAL STATUS

- Married
- Divorced
- Single
- Widowed

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**Spouse's Name** (First, Middle, Last)

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Anniversary

**OCCUPATION:** \_\_\_\_\_

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Phone number

Retired: Yes/No      Year: \_\_\_\_\_

## **EDUCATION**

\_\_\_\_\_  
Name/Location/Graduated

\_\_\_\_\_  
Name/Location/Graduated

## **MUST HAVE FOR DEATH CERTIFICATE**

\_\_\_\_\_  
**Mothers maiden name** (First, Middle, Last)

\_\_\_\_\_  
Mother's birthplace

\_\_\_\_\_  
**Father's Name** (First, Middle, Last)

\_\_\_\_\_  
Father's birthplace

Please notify these agencies of my death

**Social Securities Office**

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
**VA Phone number**

\_\_\_\_\_  
Veteran serial number

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Date of Service

*Discharge paperwork (attached)*

\_\_\_\_\_  
**Physician's Name**

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
**Bank Name**

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Account Number (s)

\_\_\_\_\_  
**Accountant's Name**

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
**Attorney's Name**

\_\_\_\_\_  
Phone Number



## IMPORTANT INFORMATION

Location of important documents

\_\_\_\_\_  
Safety Deposit Keys (who has access)

\_\_\_\_\_  
Safe (Code)

\_\_\_\_\_  
Birth Certificate

\_\_\_\_\_  
Marriage Certificate

\_\_\_\_\_  
Military Records

\_\_\_\_\_  
Last Will & Testament

\_\_\_\_\_  
Trust

\_\_\_\_\_  
Stocks/Bonds

\_\_\_\_\_  
Real Estate Deed

\_\_\_\_\_  
Titles (vehicle, boat, etc)

PLEASE INCLUDE: Account Number, website  
LOGIN INFORMATION: User ID/Password

\_\_\_\_\_  
Mortgage

\_\_\_\_\_  
Loans

\_\_\_\_\_  
Insurance Policies

\_\_\_\_\_  
Business Agreements/Contracts

\_\_\_\_\_  
Income Taxes

\_\_\_\_\_  
Bank Accounts

\_\_\_\_\_  
Internet Info/Logins

\_\_\_\_\_  
Credit Cards

\_\_\_\_\_  
AutoPay Accounts

Additional Information

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



## PREFERENCES & REQUESTS

### *Person in charge of final arrangements*

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone

Funeral service to be held at:

\_\_\_\_\_ Church

\_\_\_\_\_ Funeral Home

\_\_\_\_\_ Home

### Preferred mortuary/funeral director

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_ I have made arrangements

\_\_\_ Prepaid

\_\_\_ Funeral Account with?

\_\_\_ Casket

\_\_\_ Cremation

\_\_\_ Clothing/Glasses On or Off

\_\_\_ Jewelry/Clothing Request

\_\_\_ I have NOT made arrangements

Funeral service lead by:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
Affiliation

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

## PALLBEARERS

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Name

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Phone

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Name

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Phone

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Name

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Phone

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Name

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Phone

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Name

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Phone

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Name

---

Phone

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**Cemetery**

Property     Crypt     Niche  
 **Has**         **Has not** been purchased

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**Location/Plot**

Location of paperwork \_\_\_\_\_

**Specific grave location**

- Earth burial
- Cremation/inurnment
- Mausoleum/entombment
- Other

# FUNERAL PREFERENCES REQUESTS

**Favorite hymns/readings**

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**Eulogist/ Singers/Other Participants**

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**Other**

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**Obituary Information**

Notify these publications

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Spouse (living or deceased)

Place of Death

Date

Children (spouses/grandchildren) & their residence

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Number of grandchildren: \_\_\_\_\_

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

Nieces: \_\_\_\_\_ Nephews: \_\_\_\_\_

Brothers, sisters, and residences

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**Achievements/hobbies**

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**Religious,charitable,lodge**

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**Any other information**

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**Other Requests**

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**HOSPICE & HOME HEALTH CARE**

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