

Information Required for Family at Time of a Death

1. Two people to call for immediate support (Name / phone number)

2. Immediate family members to notify (Names / phone)

3. Hospice phone (if involved) _____

4. Doctor's name/phone to certify death:

5. Pastor/ place of worship to notify:

6. Name/phone of person who has authority to have the body moved/removed:

7. Funeral home name/phone to call to pick up the body:

8. In the event of unusual circumstances (accident, crime, suicide) call coroner or sheriff's office:

9. Burial instructions- mortuary services that will be needed (see sheets)

10. Name /phone of Executor, CPA, Life Insurance Agent (as needed)

11. Location of will & Advanced Directives:

Signature _____ Date _____

MY OBITUARY INFORMATION

(This info is also helpful for Death Certificate Application)

My Full Name _____

Address _____

Date of Birth _____ Place of Birth _____

Father's Name _____ Mother's Maiden Name _____

Personal Information:

Education _____

Employment _____

Fraternal Organizations _____

Honors/Special recognitions _____

Public Service _____

Military Service _____

Marital Status: [] Single [] Married [] Widowed [] Divorced

Name of Spouse (Indicate if deceased) _____

Wedding Date _____ Place _____

Names and addresses of Children

Names of Grandchildren

Memorials/Charities for gifts _____

Picture: (Extra Charge) Yes_ No_

Place and time of viewing, _____

Place and time of Service _____

Place of interment _____

Publish obituary in Newspapers, Alumni publication, other _____

(On separate sheet, write the most colorful short story of your life for your Eulogy.)

MY FUNERAL SERVICE WISHES

The following is an expression of my funeral service decisions.

Funeral Home/Mortuary/Crematorium Preferred: _____

Address: _____ Phone#: _____
(Street Address City State)

Place of Service: Funeral Home/Mortuary: _____ Church: _____

Cemetery/Memorial Park Chapel Graveside Service Memorial Service

Other: _____

Religious Preference: _____ Celebrant/Clergyman: _____

Participating Organizations (military, fraternal, lodge, etc.): _____

Flag: Draped Folded Presented to: _____

Wake/Rosary Service: Yes No Location: _____ Officiator: _____

Viewing: Public Private None

Clothing Preference:

____ From Current Wardrobe ____ New ____ Other:

Description/Color: _____

Personal Accessories:

Wedding Band Stays On or Return To: _____

Eyeglasses Stays On or Return To: _____

Other _____ Stays On or Return To: _____

Floral Preference (type and color preferred): _____

Memorial donations may be made to _____

Music: Organist: _____ Soloist(s): _____

Musical Selections: _____

Special Religious Passages: _____

Eulogy by: _____ Notations for Eulogy: _____

Newspaper Notices (Names of Papers): _____

Casket: Open during service Closed during service

Type of Casket: Hardwood Metal Cremation Coffin Other: _____

Description: _____

MY FUNERAL SERVICE WISHES

I have "Away From Home Protection": [] Yes [] No

Name of Plan: _____ Contract# _____

Name of Receiving Funeral Home: _____

Address: _____ Phone# _____

The services and merchandise noted are pre-paid and contracts/policies can be located at:

Pallbearers' Names	Relationship	Phone#
*	_____	_____
*	_____	_____
*	_____	_____
*	_____	_____
*	_____	_____
*	_____	_____

Honorary Pallbearers' Names	Relationship	Phone#
*	_____	_____
*	_____	_____
*	_____	_____
*	_____	_____
*	_____	_____
*	_____	_____

Special Instructions/Notes/Awards/Life Achievements/Pictures/Obituary Requests/Items to be placed with the remains.

CHILDREN / GRANDCHILDREN / RELATIVES

Name: _____ Email: _____
Relationship: _____ Phone#: _____
Address: _____

Name: _____ Email: _____
Relationship: _____ Phone#: _____
Address: _____

Name: _____ Email: _____
Relationship: _____ Phone#: _____
Address: _____

Name: _____ Email: _____
Relationship: _____ Phone#: _____
Address: _____

Name: _____ Email: _____
Relationship: _____ Phone#: _____
Address: _____

Name: _____ Email: _____
Relationship: _____ Phone#: _____
Address: _____

CLOSE FRIENDS (Name, Relationship, Phone#)

* _____
* _____
* _____
* _____
* _____
* _____
* _____
* _____
* _____

ADVISORS (Name Firm / Professional Relationship Phone#)

* _____
* _____
* _____
* _____
* _____
* _____

ORGANIZATIONS TO BE NOTIFIED

Name of Organization= _____

Contact Person: _____ Phone#: _____

Name of Organization= _____

Contact Person: _____ Phone#: _____

Name of Organization= _____

Contact Person: _____ Phone#: _____

Name of Organization= _____

Contact Person: _____ Phone#: _____

Name of Organization= _____

Contact Person: _____ Phone#: _____

Name of Organization= _____

Contact Person: _____ Phone#: _____

CEMETERY MEMORIALIZATION

Name of Memorial Park/Cemetery Preferred: _____

Address: _____

Phone #:-----

I Own Prefer

Type of Arrangements: Family Estate Companion Single

Type of Burial Rights:

Mausoleum Lawn Crypt Ground Burial Cremation with Memorialization

If Owned, Name of Person Who Interment Rights are Deeded to: _____

Legal Description of Burial Rights: _____

Location of Deed: _____

I Own Prefer Vault/Outer Burial Container

Memorialization: Upright Monument Memorial Plaque Bronze Plaque

Granite Plaque Other: _____

Inscription: _____ Emblem(s): _____

Family to be Present During Closing of Property? Yes No

Opening and Closing of Property: Prepaid To be determined

If Cremation, What Type of Disposition?

Burial Niche Scattering Garden Other: _____

Cremation Memorialization Plaque Inscription: _____

Cremated Remains Container: Urn Keepsake Memorial Other:

Description: _____

Additional Remarks/Special Instructions/Items to be placed with remains, etc.:

Thoughts for my family...

As a closing exercise, I would like you to write a letter to be read after your funeral. In this letter you can share some special thoughts and memories with those you love.....

(Here are some ideas to use as a guide for this.)

- Important event that led you to be who you are today
- Memories of when you met your spouse (if married), child's birth, etc.
- Hobbies & past times you enjoyed
- A special hobby or skill you enjoyed with your children and/or grandchildren
- Special memories or events you shared with family
- Your faith & how it influenced you throughout your life
- Special memories of times at church
- Friends who were special to you
- Friendships that have enriched your life by...
- World events that impacted you- wars, assassinations, space travel, (include why they impacted you)
- As you look back over your life, things that made you happy & proud and why...
- As you look at the future, hopes and goals for your family and yourself include:
- Anything else you would like to share with your family when you can no longer speak directly to them.

Resources Used:

.....A big thank you to those who made this program possible, by listening to my vision, proposing ideas for how to develop the sections, support while printing and putting together the handouts and helping with logistics of the day. I couldn't have done it without every one of you!

Blessings, penny

Edith Eickemeyer, and resources from **RETIREMENT NEW**

HORIZONS LDC Renewal Event 2016 in Valparaiso, IN

****End of Life Planning Workbook** for "You Only Die Once; Preparing for the End of Life with Grace and Gusto, 2006, Houston, TX

Estate Planning Basics PowerPoint Presentation by: Michael Guthrie, CFP, (Wealth Advisor, CUSO Financial Services, L.P. [University Federal Credit Union])

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Melissa Knippa, ChFC, CLU, RICP, and the resources of Thrivent Financial Institution.

The benefit of a **Thrivent Action Team Project Grant** to help purchase supplies and items for the day of the workshop.

Your Contingency Notebook, Ideas from the VNA of Porter County, Valparaiso, IN. 46383

**** Many thanks to Margie Jenkin's wonderful book *You Only Die Once*. It helped me get my mind around how to divide up and present the idea of planning for the unexpected so a person can "LIVE LIFE FULLY" without worries and also give the gift of decreased stress and worry should something happen to them. For spouse and family this is truly a gift of love...**