



# FINAL

## WISHES

**Planning Guide** 

### INTRODUCTION



"By failing to prepare, you are preparing to fail."

#### Benjamin Franklin



Preparing for events, especially inevitable events, is the best way to ensure that your wishes and desires are fulfilled, but preparing takes more than just thinking about what you might want or even writing down your wishes and desires. Sharing and communicating your thoughts and desires are vitally important.

Funeral Insurance Direct and LegacyArmour have teamed together to ensure that your wishes and desires are recorded and then stored securely so they can be delivered to the people who need to know when the time is right.

This planning guide will help you think through the many decisions that others will have to make and provide them a guide to your thoughts.

Once completed with your Funeral Insurance Direct agent, this document (and others!) will be store securely in a LegacyArmour vault and will be delivered to the people you designate, when you designate.

At the end of the form, we also suggest other documents that you should consider having and storing securely.

Fill out as much of the form as you can, but feel free to leave anything blank that doesn't apply or which you wish others to decide at the time.

## 1. FUNERAL PLANS

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## Visitation/Funeral Service () To HAVE a visitation/funeral Service () Public

() Private

Location:

- () Funeral Home/Mortuary
- () Church
- () Chapel at Cemetery/Memorial Park
- () Graveside
- () Other

Preferred Funeral Home / Mortuary:

Address:

Phone Number:

Religious Preference:

Preferred Celebrant/Clergyman:

Participating Organizations: (Military, Lodge / Social Group, etc.)

() To NOT HAVE a visitation/funeral Service

#### Burial

- () Burial
  - () My body SHOULD NOT be present at a visitation/funeral service
  - () My Body SHOULD be present at a visitation/funeral service
    - () Open Casket During Service
    - () Closed Casket During Service

### **Final Wishes**

## Planning Guide

() Cremation () Before Visitation/Funeral Service () My cremated remains PRESENT at Service () My cremated remains NOT PRESENT at Service () After Visitation Funeral Service () My body SHOULD NOT be present at a visitation/funeral service () My Body SHOULD be present at a visitation/funeral service () Open Casket During Service () Closed Casket During Service						
() Urn	() Keepsake U	Jrn () Scattering Urn () Other				
() Other						
Casket Type						
() Wood	() Metal	() Cremation Casket () Other				
Flag						
() Folded () Dra	aped () No	Flag Presented to:				
Personal Accessorie	S					
() Wedding Band	() Stays On	() Presented to:				
() Eyeglasses	() Stays On	() Presented to:				
() Watch	() Stays On	() Presented to:				
()	() Stays On	() Presented to:				
0	() Stays On	() Presented to:				
Memorialization						
() Upright Monumer	nt					
() Flat Marker						
() Cremation Memorial Plaque						
() As customary for graveyard						
() Other						
Inscription:						
±						

### **Final Wishes**

## Planning Guide

Desired Funeral Music	
Desired Pall Bearers	
Desired Obituary	
Desired Readings and Readers	
Specific people to notify (with phone number if available)	
Any other instructions you would like to pass on to others?	

## 2. ADDITIONAL THINGS FOR FAMILY MEMBERS TO DO AT THE TIME

Notify immediate family and close friends

Notify Priest/pastor/rabi/imam/religious leader/officiant

Coordinate with funeral director

Transfer from place of death\*

Apply for death certificate\*

Apply for burial permit\*

Notify employer

Notify Lawyer and Executor

Notify Insurance companies

Request military funeral

Arrange fraternal order ceremony

**Notify Pall Bearers** 

Notify eulogizers

Arrange readers

Coordinate hospitality, lodging, food for family and friends traveling.

Order grave marker

<sup>\*</sup> May be handled by funeral home or cremation provider.

Full name:

## 3. DEATH CERTIFICATE INFORMATION

Maiden Name:	
Date of Birth	
Place of Birth	
Sex:	
Race:	
Full name of father:	
Birthplace of father:	
Full Maiden Name of Mother:	
Birthplace of Mother	
Social Security Number:	
Marital Status	
Spouse Name:	
Occupation:	
Employer:	
Type of Business	
Years at Occupation:	
Education (Years Completed)	
Residence Street Address:	
Residence City, State, Zip	
County:	
Years in County:	
Military service (From – To)	
Branch of Service:	
Served where:	

# 4. OTHER DOCUMENTS YOU MAY WANT PROTECTED

#### **About Me**

**Family Members** 

Social Media Accounts

**Emergency Contacts** 

Home & Real Estate

Pets

#### **Financial**

**Bank Accounts** 

Investment Accounts

Life Insurance

Financial Advisors

Benefits/Pensions

Disability Insurance

#### **Health (Suited for the Health Vault)**

Health Insurance

Health Directive

Health Providers

Medications

Letters to Families/ Special wishes & Instructions

#### **Estate Documents**

Will

Power of Attorney

Trusts

**Attorney Information** 

#### **Elder Care**

Elder Care wishes

Care Providers