


Prepare with Care

Planning Guide

Helping You Reflect, Plan and Share





This booklet is designed to help you reflect on your values, preferences and the personal details that tell your story. It's a guide to help you begin conversations with your family and funeral provider—conversations that bring clarity, connection and peace of mind.

Filling out this booklet is a meaningful first step—but it's only the beginning. To truly support your loved ones, your wishes need to be shared, understood and backed by a formal plan. By bringing this booklet to your funeral professional and talking through it together, you help ensure your intentions are honored and your family is cared for when it matters most.

By engaging in this process, you are:

- Sharing your funeral and memorial preferences
- Encouraging open, supportive family conversations
- Reflecting your personality, values and interests
- Beginning a thoughtful planning conversation with your provider
- Ensuring vital information is easily accessible when needed

Important Note:

Make sure your loved ones know where this booklet is kept and that it is easily accessible to them. Once a plan has been set up and formalized at a funeral provider, communicate it with your loved ones so everyone is on the same page.



Activities, Memberships & Hobbies

Organization Name:

Position/Involvement:

Organization Name:

Position/Involvement:

Organization Name:

Position/Involvement:

Organization Name:

Position/Involvement:

Hobbies:

Favorites

Poems:

Music:

Foods:

Flowers:

Scripture Passages:



2. Vital Statistics

Funeral professionals use this vital information to complete legal documents, write accurate obituaries and ensure your wishes are honored. Filling it out now makes things easier for your loved ones later.

Personal Information

Full Name: _____
First Middle Last

SSN: _____

Address: _____

City: _____ State/ZIP: _____

DOB: _____ / _____ / _____
Month Day Year

Place of Birth: _____

Race: _____ Sex: _____

Father's Name*: _____ Mother's Name*: _____

** If living enter address and/or email on Family Member list*

Spouse (Maiden): _____ Date of Marriage: _____ / _____ / _____
Month Day Year

Place of Marriage: _____
City/State

Education

Elementary School:

City/State

Junior High School:

City/State

High School:

City/State

Year Graduated

Postsecondary Education:

City/State

Year Graduated

City/State

Year Graduated

City/State

Year Graduated

Degrees Earned:

Important Documents

Last Will and Testament Location:

Details:

Attorney:

Name

Phone

Physician:

Name

Phone

Birth and Marriage Certificates Locations:

Details:

Insurance Policies

Health:

Company

Beneficiary

Amount of Benefit

Life:

Company

Policy #

Beneficiary

Amount of Benefit

Homeowner/Renter:

Company

Policy #

Beneficiary

Amount of Benefit

Personal Liability:

Company

Policy #

Beneficiary

Amount of Benefit

Auto:

Company

Beneficiary

Amount of Benefit

Funeral Plan:

Funeral Home

Policy #

Phone #

Amount of Benefit

Property

Automobile Records:

<i>Location of Title</i>	<i>Location of other Paperwork</i>
<i>Description of Vehicles</i>	

Residence:

<i>Location/Description</i>	<i>Location of Deed</i>
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Mortgages:

<i>Location of Deed</i>	<i>Loan #</i>
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<i>Location of Deed</i>	<i>Loan #</i>
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<i>Location of Deed</i>	<i>Loan #</i>
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<i>Location of Deed</i>	<i>Loan #</i>
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<i>Location of Deed</i>	<i>Loan #</i>
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Other Property:

<i>Location of Deed</i>

<i>Partnerships/Joint Ownerships</i>

<i>Location of Deed</i>

<i>Partnerships/Joint Ownerships</i>

Financial Information

Bank Accounts:

<i>Institution</i>	<i>Account #</i>
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<i>Type of Account</i>	<i>Names on Account</i>
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<i>Institution</i>	<i>Account #</i>
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<i>Type of Account</i>	<i>Names on Account</i>
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Safe Deposit Box:

<i>Location</i>

<i>Contents</i>

Debts:

<i>Location</i>	<i>Loan #</i>	<i>Type</i>
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<i>Location</i>	<i>Loan #</i>	<i>Type</i>
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Tax Returns/Records:

<i>Location</i>	<i>Accountant</i>	<i>Phone #</i>
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Credit Cards:

<i>Location</i>	<i>Account #</i>	<i>Type</i>
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<i>Location</i>	<i>Account #</i>	<i>Type</i>
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<i>Location</i>	<i>Account #</i>	<i>Type</i>
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Investments

401(k):

Location of Documents

Contact for Further Information

IRA Retirement Plan:

Location of Documents

Contact for Further Information

Stock & Bond Certificates:

Location of Documents

Contact for Further Information

Location of Documents

Contact for Further Information

Location of Documents

Contact for Further Information

Broker/Financial Advisors:

Company

Name

Phone #

Company

Name

Phone #

Other:

Details

Contact for Further Information

Phone #

Details

Contact for Further Information

Phone #



3. Friends & Family

My Spouse & Children

Spouse:

<i>Name (Maiden)</i>	<i>Date of Birth</i>	<i>Date of Marriage</i>
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Children:

<i>Name</i>	<i>Date of Birth</i>
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<i>Address</i>	<i>Phone #</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Address</i>	<i>Phone #</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Address</i>	<i>Phone #</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Address</i>	<i>Phone #</i>
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My Siblings

<i>Name</i>	<i>Date of Birth</i>
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<i>Address</i>	<i>Phone #</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Address</i>	<i>Phone #</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Address</i>	<i>Phone #</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Address</i>	<i>Phone #</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Address</i>	<i>Phone #</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Address</i>	<i>Phone #</i>
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My Grandchildren & Great Grandchildren

Grandchildren Total:

<i>Name</i>	<i>Date of Birth</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Name</i>	<i>Date of Birth</i>
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<i>Name</i>	<i>Date of Birth</i>
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Great Grandchildren Total:

Great-Great Grandchildren Total:

My Friends & Relatives

<i>Name</i>	<i>Relationship</i>	<i>Email Address</i>
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<i>Address</i>	<i>Phone #</i>
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<i>Name</i>	<i>Relationship</i>	<i>Email Address</i>
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<i>Address</i>	<i>Phone #</i>
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<i>Address</i>	<i>Phone #</i>
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My Friends & Relatives

<i>Name</i>	<i>Relationship</i>	<i>Email Address</i>
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<i>Address</i>		<i>Phone #</i>
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<i>Name</i>	<i>Relationship</i>	<i>Email Address</i>
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<i>Name</i>	<i>Relationship</i>	<i>Email Address</i>
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<i>Name</i>	<i>Relationship</i>	<i>Email Address</i>
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<i>Address</i>		<i>Phone #</i>
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<i>Name</i>	<i>Relationship</i>	<i>Email Address</i>
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<i>Address</i>		<i>Phone #</i>
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Memorial Contributions:

Clothing*:

**Please check one box*

New

Present

Color: _____

Jewelry: _____

Rings: _____

Removed Prior to Interment?*

**Please check one box*

Yes

No

Interment/Entombment*:

**Please check one box*

Traditional Full Service

Modified Full, Traditional Service

Mausoleum Service

Graveside

Participating Organizations (Fraternal/Military Rites):

Organ Donations (Specify):

Hair Dresser: _____

Special Requests & Information:

Preceded By*:

**If more than eight, include a separate sheet*

Name Relationship Place/Date of Death

Name Relationship Place/Date of Death

Name Relationship Place/Date of Death

Name Relationship Place/Date of Death

Name Relationship Place/Date of Death

Name Relationship Place/Date of Death

Name Relationship Place/Date of Death

Name Relationship Place/Date of Death

Pallbearers

Name	City/State
Name	City/State
Name	City/State
Name	City/State
Name	City/State
Name	City/State

Cremation Instructions

Memorial Services*: _____
*Please check one box *Prior to Cremation* *After Cremation*

Remains Present?*: _____
*Please check one box *Yes* *No*

Casket: _____

Urn*: _____
*Please check one box *Bronze* *Marble* *Wood* *Keepsake/Jewelry* *Other*

Other _____

Place in Cemetery: _____

	Name	Phone
Type of Cemetery Property*:	_____	_____
*Please check one box	<i>Ground Burial</i>	<i>Columbarium</i>
		<i>Mausoleum Crypt</i>
		<i>Return to Family</i>
		<i>Other</i>

Return to Family _____ Other _____

Memorial/Monument Details: _____

Cemetery Arrangements

Name of Cemetery: _____

Location: _____

Phone: _____

Property Owned?*

*Please check one box Yes No

Spaces: _____

Location: _____

Mausoleum*:

*Please check one box Private Estate Community Mausoleum Garden Mausoleum Single Crypt Companion Crypt

Location _____

Lawn Crypt*:

*Please check one box Single Crypt Companion Crypt Location _____

Cemetery Property Ownership Document Location: _____

Final Disposition of Remains*:

*Please check one box Earth Burial Mausoleum Entombment Cremation/Inurnment

Return to Family Other _____

Monument/Marker

Type of Monument*:

*Please check one box Upright Monument Lawn (Flush) Granite Bronze Flower Vase Memorial Bench Other

Other _____

Specifications: _____

Inscription: _____

Person in Charge of Arrangements

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Email: _____

Newspaper & Radio Announcements

Newspapers: _____

Radio Stations: _____

