



Final Arrangements

A pre-planning guide

Instructions

Date _____

Dear Loved One,

Realizing that death is inevitable and being aware of the fact that the modern approach to this problem is to make preparations for meeting this eventuality in advance of need, I have set forth, in this pre-arrangement booklet, my desires and other information that will assist you in arranging my memorial service.

In this booklet, I have set forth information required by the Funeral Director. I have included information concerning other documents and important papers of which I want you to be aware.

When the need arises, present this folder to any Funeral Director for assistance in completing the final arrangements.

I sincerely hope these arrangements will be agreeable to you and will spare you needless concern in knowing that my memorial service was as I wished it.



Family history of

| | | | |
|-------------------------------------|-----------------------------------|---------------------------|-----|
| First name | middle | last | |
| Street address | city | state | zip |
| Birthplace: city | state | birthdate: month/day/year | |
| Resided in county | state | | |
| Lived here since | | | |
| Marital status | spouse name (include maiden name) | | |
| Marriage: date | place | | |
| Father's name and birthplace | | | |
| Mother's maiden name and birthplace | | | |
| Child's name | birthplace | | |
| Child's name | birthplace | | |
| Child's name | birthplace | | |
| Child's name | birthplace | | |
| Occupation | employing company | | |
| Type of business/industry | since (year) | | |
| Social security number | | | |
| Veteran/branch of service | serial no. | | |
| Name of war or dates served | | | |
| organization | rank | | |
| enlisted at | date | | |
| discharged at | date | | |
| location of discharge certificate | | | |

Persons to notify

Immediate family member to contact/relationship

Address city state zip

Telephone (including area code) email

Immediate family member to contact/relationship

Address city state zip

Telephone (including area code) email

Friends who will assist the family:

Name telephone email

Name telephone email

Name telephone email

Preference for immediate contact:

Funeral arrangements counselor telephone email

Address city state zip

Attorney telephone email

Address city state zip

Accountant telephone email

Address city state zip

Family doctor telephone email

Address city state zip

Documents

You will find my Last Will and Testament at:

You will find my birth certificate in: _____

My attorney is: _____

Location of safety deposit boxes and bankbooks for: _____

company policy number

Life insurance: _____

Hospital and medical insurance: _____

Automobile insurance: _____

Disability insurance: _____

Others (unions or lodges): _____

I have bank deposits at the following banks: _____

I have appointed: _____

to be executor(trix) of my estate.

Personal memorial instructions

Place of service/memorial chapel _____ telephone _____

Religious denomination _____ place of worship _____ city _____ state _____

Please contact: Minister Priest Rabbi

Name _____ telephone _____ email _____

Address _____ city _____ state _____ zip _____

Participating organizations (military or fraternal) _____

Type of service: open closed

Casket: metal/wood/fiberglass _____ interior color _____ exterior color _____

Flag: yes no _____ fold/place at head of casket/drape casket

Music:

Organist: yes no

Selections: _____

Soloist: yes no

Selections: _____

Favorite passage from the Bible or other literature:

Clothing:

Use from current wardrobe: yes no

Jewelry: _____

Stays on or return jewelry to: _____

Wedding ring: _____

Stays on or return ring to: _____

Personal memorial instructions

Cemetery decisions:

Location of ownership certificate/deed for cemetery property

Name of cemetery

Address _____ city _____ state _____ zip _____

Exchange privileges: yes no
Prefer: mausoleum entombment lawn crypts

Spaces

Actual description of cemetery property to be used

Crypt or space _____ tier or lot _____ mausoleum or lawn _____

Vault _____ flower container _____

Memorial _____ bronze / granite / other _____

Inscription _____ emblem _____

Flowers _____ color and type preferred _____

Donations (instead of flowers) to: _____

Special instructions:

These are my instructions and memorial wishes.

Signed _____ date _____

Witness _____ date _____

Funeral director and professional services

It is my desire that my policy be used to provide the following funeral service and merchandise:

Funeral director designation: _____

Type of casket: _____

Outside vault or container: _____

Type of clothing: _____

Additional professional services:

Professional services

First call from place of death

Embalming and proper care of body

Dressing

Cosmetology and hairdressing

Restorative artwork when necessary

Use of mortuary & facilities

Funeral coach

Limousine for family use

Car for pallbearers

Reposing room

Handling of floral offerings

General assistance

Preparation of necessary papers

Obtaining burial permit

Notifying newspapers

Furnishing acknowledgement cards

Preparing social security forms

Preparing insurance forms

Preparing veterans forms

Arranging for grave space

Arranging for opening and closing grave

Obituary

Newspapers need information for news articles. I have filled in the information below.

Name _____

Born at _____

Date _____

Education _____

Married _____ date _____

Place _____

Religious denomination _____

Clubs or lodges _____

Military record _____

Information about employment _____

Other information _____

Surviving relatives (list names and relationships)

A checklist of things to do for family and friends

1. Notify:

- The doctor or coroner
- The funeral director
- The cemetery or memorial park
- The clergy and place of worship
- All relatives
- All friends
- Organist and soloist
- Pallbearers
- Insurance agents
- Unions and fraternal organizations
- Newspapers

2. Select:

(see Personal Memorial Instructions on pages 6-7)

- Memorial estate and plot, if not already done
- Casket
- Vault or outer case
- Clothing
- Blanket or robe
- Flowers
- Music
- Food
- Furniture
- Time and place
- Transportation
- Thank you cards

3. Additional obligations include:

- Providing vital statistics about deceased to the newspaper and person planning the service
- Preparing and signing necessary papers
- Providing addresses for all interested people who must be notified
- Answering phone calls, messages and letters
- Greeting friends and relatives who call
- Providing lodging for out-of-town guests
- Cleaning the home
- Planning funeral car list

4. Arrange payment for:

- Doctor
- Nurse
- Hospital
- Medicine
- Funeral
- Cemetery plot
- Interment service
- Clergy
- Organist
- Florist
- Clothing
- Transportation
- Telephone
- Food
- Memorials

Your funeral director

How the Funeral Director can help:

The Funeral Director should be consulted immediately at time of death. This professional is licensed by the state. In order to obtain that state license, the Funeral Director has to meet the educational requirements of the State Board, resulting in the professional training and experience that will be needed in order to carry out the service outlined in this guide.

Consult the Funeral Director as to the time and place of service. Funeral Directors can assist in having the grave opened, obtaining singers, and contacting places of worship and clergy. They will arrange for newspaper notices to be published and can help in procuring certified copies of the death certificate. They also are qualified to advise about Veterans Burial Allowance and Social Security Death Benefits.

If shipment is to be made to another locality for burial, they will arrange for shipment by funeral coach, rail or air and can advise as to the most economical and best means of shipment.

They will be able to aid in the selection of a casket and can help in providing clothing if needed.

All legal work in filing of the death certificate with the Vital Statistics Bureau and in obtaining a Burial Permit will be taken care of by the Funeral Director.

This guide is furnished by:

Agent's name: _____

Address: _____

Phone number: _____

Email: _____

**American Continental
Insurance Company**

An Aetna Company

800 Crescent Centre Dr.
Suite 200

Franklin, TN 37067

aetnaseniorproducts.com