

My Essential Information

In the event of my death, this document will help avoid confusion since it provides information and instructions which will be needed immediately by my family.

PERSONAL BACKGROUND

Name _____

Address _____

City _____ State _____

Telephone Number (____) _____

Birthdate _____ Birthplace _____

Social Security Number _____ Most recent occupation _____

Employed by/Retired from _____

Other employment/dates _____

MARITAL STATUS

Single Married Widowed

Spouse's Name _____

Father's Name _____

Mother's Maiden Name _____

MILITARY SERVICE

Branch _____ Discharge Rank _____

Service Number _____ Years of Service _____

Stationed at _____

PRE-ARRANGEMENT INFORMATION

Funeral Home _____

Address _____

City _____ State _____ Zip _____

Telephone Number (____) _____

Contact at Funeral Home _____

Name of Cemetery/Memorial Gardens _____

Cemetery Plot Deed is located _____

NOTIFY IMMEDIATELY

Name _____ Relation _____

Phone (home) (____) _____ Phone (work) (____) _____

Other relatives and friends who could be contacted for assistance in the event of accident or emergency:

Name _____ Relation _____

Address _____

City _____ State _____ Zip _____

Telephone Number (____) _____

Name _____ Relation _____

Address _____

City _____ State _____ Zip _____

Telephone Number (____) _____

Location of other Important Papers

Birth Certificate _____

Marriage License _____

Last Will and Testament _____

Deeds and Titles _____

Mortgages and Notes _____

Insurance Policies _____

Military Discharge _____

Income Tax Records _____

The Executor of my estate is:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (____) _____

My attorney is:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (____) _____

My bank is:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (____) _____

Additional banks:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (____) _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (____) _____

The following insurance companies should be notified:

Company _____

Policy Number _____ Amount _____

Company _____

Policy Number _____ Amount _____

My insurance advisor is:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (____) _____

To ensure your privacy, this form **cannot** be filled out electronically. It is a printable form. You can print it from your computer, fill it out, and keep it with your important papers. It will provide your loved ones with information they will need at the time of your death. Once you complete this form, we suggest you make an extra copy, and that you give it to someone you trust. And when you are ready to finalize your arrangements, please bring this completed form with you to your funeral director.