



# Personal Planning Guide

My Gift to You

For your peace of mind, as well as my own, I prepared this guide for those I love. Here you will find a brief overview of my life, a list of those dear to me, and some of my most precious memories. I have included wishes for my funeral service along with other information you will need at the time of my death. I completed this guide with much love and foresight. My desire is to lessen the burdens you will bear at my time of passing so that you can celebrate our life together.

## Basic Information

Full Legal Name *(with maiden name)*: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Name *(with maiden name)*: \_\_\_\_\_

Occupation *(former if retired)*: \_\_\_\_\_ Employer: \_\_\_\_\_

Number of Years Employed: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## Historical Information

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Father's Name *(first, middle, last)*: \_\_\_\_\_

Mother's Name *(first, middle, last)*: \_\_\_\_\_

Education Level Completed: \_\_\_\_\_ In Community Since: \_\_\_\_\_

Date & Place of Marriage: \_\_\_\_\_

Veteran: Yes ☐ No ☐ Branch: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Service Number: \_\_\_\_\_

Enlistment Date & Place: \_\_\_\_\_

Discharge Date & Place: \_\_\_\_\_

Organization Memberships *(professional, community service, hobby, religious)*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Preceded in Death By

First & Last Name:

Relation:

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## My Favorite Things

Take a few moments to note some of your personal favorites that will help guide your family and friends toward healing and the meaning of your life.

Traditions that are important to me & why: 

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My favorite quotes & passages of Scripture: 

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My favorite places & why: 

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My favorite hymns & songs: 

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## Important Papers

This information will help your family locate documents necessary for settling your estate.

Location of my last will & testament: \_\_\_\_\_

The executor of my estate is: \_\_\_\_\_ Phone: \_\_\_\_\_

Life insurance policies: Yes ☐ No ☐ \_\_\_\_\_ Location: \_\_\_\_\_

*(Note each by name of the policy holder & list the policy number & amount):*

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Location of safe deposit box & key: \_\_\_\_\_

Use the spaces below to specify the location of the following documents:

Birth Certificate: \_\_\_\_\_

Marriage License: \_\_\_\_\_

Military Discharge Papers: \_\_\_\_\_

Property Deeds: \_\_\_\_\_

Automobile Titles: \_\_\_\_\_

Pension Information: \_\_\_\_\_

Income Tax Records: \_\_\_\_\_

Banking Records: \_\_\_\_\_

Bonds: \_\_\_\_\_

Securities: \_\_\_\_\_

Stock Certificates: \_\_\_\_\_

## Donation of Organs

Upon my death, I wish to donate my organs as indicated:

☐

No donation

☐

Any needed organs or tissues

☐

Only organs or tissues listed here: \_\_\_\_\_

Please let the following people know of my passing:

[illegible]

## Personal Wishes for Service

Funeral home to handle arrangements: \_\_\_\_\_ Phone: \_\_\_\_\_

I prefer for my body to be: ☐ buried ☐ cremated.

Type of casket: \_\_\_\_\_ Type of urn: \_\_\_\_\_

I would like my body to be clothed in (please note jewelry, also): \_\_\_\_\_

I would like the following items placed in the casket with my body: \_\_\_\_\_

For visitation at the funeral home before the service, I prefer:

☐ Private Family Viewing

☐ Open Visitation Times

☐ Open Casket

☐ Closed Casket

For the type of service, I prefer:

☐ Memorial Service (*remains are not present*) to be held at \_\_\_\_\_

☐ Funeral Service (*remains are present*) to be held at \_\_\_\_\_

☐ Graveside Service (*interment of body or ashes*)

Music to include: \_\_\_\_\_

Scripture to include: \_\_\_\_\_

Preferences for the service:

☐ Closed Casket

☐ Ceremonial Urn

☐ Framed Picture

☐ Other: \_\_\_\_\_

If I could choose my pallbearers, I would choose:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cemetery property location: \_\_\_\_\_ Purchased lot? Yes ☐ No ☐

If yes, lot description: Section \_\_\_\_\_ Lot No. \_\_\_\_\_ Space No. \_\_\_\_\_

Deed Owner: \_\_\_\_\_

Permanent Memorial Marker:

- |                                    |                                       |                                    |
|------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Bronze    | <input type="checkbox"/> Marble       | <input type="checkbox"/> Granite   |
| <input type="checkbox"/> Upright   | <input type="checkbox"/> Ground Level |                                    |
| <input type="checkbox"/> Companion | <input type="checkbox"/> Individual   | <input type="checkbox"/> Mausoleum |

Inscription: \_\_\_\_\_  
\_\_\_\_\_

Newspapers to Notify: \_\_\_\_\_  
\_\_\_\_\_

I would like memorial contributions to be made to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information/Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Created by: \_\_\_\_\_

Date: \_\_\_\_\_





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