A Personal Guide
To Planning
My Funeral

The Wishes of

Inside are my Thoughts, Requests and Memories

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or
Email:
floyd@caringcaskets.com
“We Shape our Lives Not By What We Carry With Us But By What We Leave Behind”

Important: This booklet contains legal and confidential information and must be safeguarded against theft and/or fraud.
The day a loved one dies will be one of the most difficult times of our life. Caring Caskets has prepared this guide to assist you with your pre-funeral arrangement’s. It is our hope that this information will help make the decisions and the burden a little lighter for your loved ones. By providing them with this guide you will be reassured that the choices they face will honor your life and fulfill your wishes. If you have questions, please call Caring Caskets.
We are always ready to help.
God Bless!

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**Funeral Guide Check List**

<table>
<thead>
<tr>
<th>Notify:</th>
<th>Cemetery Decisions:</th>
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<tbody>
<tr>
<td>_____ The Physician</td>
<td>_____ Select cemetery</td>
</tr>
<tr>
<td>_____ The Attorney</td>
<td>_____ Pay charges for opening and closing</td>
</tr>
<tr>
<td>_____ The Funeral Director</td>
<td>of the grave</td>
</tr>
<tr>
<td>_____ The Clergy*</td>
<td>_____ Select memorial marker or monument company</td>
</tr>
<tr>
<td>_____ The cemetery or memorial park</td>
<td>_____ Pay tent and equipment fee</td>
</tr>
<tr>
<td>_____ All relatives</td>
<td>_____ Select a cemetery burial space</td>
</tr>
<tr>
<td>_____ All friends and neighbors</td>
<td>_____ Meet with cemetery personnel to</td>
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<tr>
<td>_____ Unions and fraternal organizations</td>
<td>finalize arrangements</td>
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<tr>
<td>_____ Insurance agents</td>
<td>_____</td>
</tr>
<tr>
<td>_____ The deceased’s employer</td>
<td>Additional Items:</td>
</tr>
<tr>
<td>_____ Newspapers* (obituary notice)</td>
<td>_____ If desired, arrange for organ or</td>
</tr>
<tr>
<td></td>
<td>tissue donation</td>
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<td>_____ Appoint a host or hostess</td>
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</table>
| | _____ Call the Social Security Administra-
| | tion (see pg 16) |
| | | |
| | _____ Complete VA forms* |
| | _____ Complete Life Insurance forms |
| | _____ Coordinate arrangements for out-
| | of-town guests |
| | _____ Return sympathetic phone calls or |
| | messages |
| | | |
| | Be Prepared to Pay the Following: |
| | _____ Funeral Home |
| | _____ Cemetery |
| | _____ Monument Company |
| | _____ Clergy* |
| | _____ Musicians* |
| | _____ Florists |
| | | |
| | _____ Appropriate readings and/or eulogy |
| | *May be handled by Funeral Home |

<table>
<thead>
<tr>
<th>Funeral Home Information:</th>
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<tbody>
<tr>
<td>_____ Information for death certificate</td>
</tr>
<tr>
<td>_____ Social Security#</td>
</tr>
<tr>
<td>_____ VA discharge (DD214)</td>
</tr>
<tr>
<td>_____ Family history for obituary</td>
</tr>
<tr>
<td>_____ File insurance policies</td>
</tr>
<tr>
<td>_____ Bring appropriate picture(s)</td>
</tr>
<tr>
<td>_____ Bring jewelry</td>
</tr>
<tr>
<td>_____ Bring clothing/undergarments</td>
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<tr>
<th>Decide on Service Details:</th>
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<tbody>
<tr>
<td>_____ Type of memorial contributions</td>
</tr>
<tr>
<td>_____ Coordinate fraternal organizations*</td>
</tr>
<tr>
<td>_____ Collect flower cards*</td>
</tr>
<tr>
<td>_____ Floral arrangements</td>
</tr>
<tr>
<td>_____ A budget for funeral expenses</td>
</tr>
<tr>
<td>_____ Number of certified copies of death certificate*</td>
</tr>
<tr>
<td>_____ Type of service</td>
</tr>
<tr>
<td>_____ Type of casket or urn</td>
</tr>
<tr>
<td>_____ Type of burial vault</td>
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<tr>
<td>_____ Pallbearers</td>
</tr>
<tr>
<td>_____ Music, organist, and/or vocalist</td>
</tr>
</tbody>
</table>

*May be handled by Funeral Home
Vital Statistics Record

Full legal name: ____________________________________________________________
First                               Middle                               Last
Address: ___________________________ City: ____________________ State: ______
Zip: ________ Phone: (___) ____ - ______ Social Security#: __________________
Race: ________ Sex: _____ Birth date: __________ Birthplace: ____________
Educational level completed: ________________________________________________
Occupation: (former, if retired) ______________________________________________
Employer: ________________________________________________________________
Marital status: _____________________________________________________________
Spouse’s name: (wife includes maiden name) _________________________________
Father’s name: (first, middle, last) ________________________________
Father’s birthplace: ________________________________________________________
Mother’s maiden name: (first, middle, last) _________________________________
Mother’s birthplace: ________________________________________________________
Veteran: Yes   No   Branch: ______________________________
Rank at discharge: ____________ Service No.: ________________________________

Historical Information

Church: __________________________________________________________________
Date and place married: __________________________________________________________________
In community since: __________________________________________________________________
Organization memberships: (fraternal and other) ________________________________
My Favorites

Scripture/Poem: __________________________________________________________
Hymns/Songs: __________________________________________________________
Vocalist: ______________________________________________________________
Musician: ______________________________________________________________
Flowers: ________________________________________________________________
Hobbies, Interest: ________________________________________________________
Charities: ______________________________________________________________
Other: _________________________________________________________________

My Family History

My Spouse: ______________________________________________________________
My Parents: ______________________________________________________________
My Step-Parents: __________________________________________________________
My Grandparents: _________________________________________________________
My Sons: ________________________________________________________________
My Daughters: ____________________________________________________________
My Brothers: _____________________________________________________________
My Sisters: ______________________________________________________________
My Grandchildren: ________________________________________________________

______________________________________________________________
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Personal Remembrances of my Life

Message to my loved ones: ________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Fondest memories with my family/friends: _________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Individuals who have influenced my life: _________________________________
_____________________________________________________________________
_____________________________________________________________________

My most profound lesson in life: _________________________________
_____________________________________________________________________
_____________________________________________________________________

I would like to be remembered for: _________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Obituary Information

This outline will assist your loved ones to highlight the milestones in your life.

First Paragraph

Name: ___________________________________________ Age: _____________
City and/or State of Residence: _____________________________________________
Date of death: _______________ Place of death: ______________________________

Second Paragraph

Date of birth: ___________ Birthplace: _______________________________
Parents names: Mother: _____________________________________________
Father: ________________________________________________________

Third Paragraph

Work history and affiliations: _____________________________________________
High school (place/year graduated): _______________________________________
Military service (if applicable): ___________________________________________
Which war or conflict they served: _________________________________________
Where stationed if overseas: _____________________________________________
College education: ______________________________________________________
Degrees earned: _________________________________________________________
Licenses held: __________________________________________________________
Church membership: _____________________________________________________
Civic memberships: ______________________________________________________
Fraternal memberships: _________________________________________________
Club memberships: _______________________________________________________ 
Other interests: __________________________________________________________
________________________________________________________________________
Fourth Paragraph

Preceded in death by: (spouse, or parents, children, grandchildren, great-grandchildren, brothers and sisters):

______________________________________________________________________

______________________________________________________________________

Fifth Paragraph

Survivors: (include city & state of residence)______________________________________________

Spouse:_______________________________________________________________

Children/Spouse:_______________________________________________________

______________________________________________________________________

Grandchildren: ________________________________________________________

______________________________________________________________________

Great-Grandchildren:___________________________________________________

Great-Great-Grandchildren:_____________________________________________

Parents: ______________________________________________________________

Grandparents:_________________________________________________________

Brothers & Sisters:  ____________________________________________________

______________________________________________________________________

Nieces & Nephews:  ____________________________________________________

Newspaper Notices

Name as it should appear in newspaper: _______________________________________

Newspapers to notify:_______________________________________________________

Photo:   YES  or   NO       If yes, picture is located:__________________________
Obituary Information (cont.)

Next Paragraph

Service
  Day: ________________________________________________________________
  Date: ________________________________________________________________
  Time: ________________________________________________________________
  Place: ________________________________________________________________

Name of officiate and their title: ___________________________________________

Place of burial: __________________________________________________________

Visitation
  Day: ________________________________________________________________
  Date: ________________________________________________________________
  Time: ________________________________________________________________
  Place: ________________________________________________________________

Memorial service if held by others
  Day: ________________________________________________________________
  Date: ________________________________________________________________
  Time: ________________________________________________________________
  Place: ________________________________________________________________

Vigil or Prayer service
  Day: ________________________________________________________________
  Date: ________________________________________________________________
  Time: ________________________________________________________________
  Place: ________________________________________________________________

Next Paragraph

Memorial funds (particular cause and organization): __________________________

___________________________________________________________

Last Paragraph

People or groups to publicly thank: ______________________________________

___________________________________________________________
Funeral Service Instruction and Information

Funeral Home: _____________________________________________________________

Type of Ceremony:  □ Traditional  □ Military  □ Graveside
                   □ Memorial  □ Other ____________________________

Disposition:  □ Embalming  □ Cremation

Place of service:  □ Church__________________  □ Funeral Home__________________
                   □ Graveside _________________  □ Other _________________________

Minister/Preacher: _______________________________  Phone:_____________________

Music Selections: ___________________________________________________________

Cemetery: _________________________________________________________________
          Section:_______________  Lot:___________  Space:_______________

PALL BEARERS

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Flag: (YES or NO)........Folded: (YES or NO)........Drape Casket: (YES or NO)

Clothing: _____________________  Jewelry: (YES or NO)  Glasses: (YES or NO)

Casket type:  □ Metal, Color ____________________  □ Wood (type of) _____________

Casket from:  □ CARING CASKETS  □ Other ________________________________

Casket open: (during visitation) (YES or NO)  Casket open: (during service) (YES or NO)

*The Funeral Rule requires funeral homes to agree to use a casket you have purchased elsewhere and doesn’t permit them to charge you an additional fee.
**Important Document Locations**

Birth Certificate: ___________________________________________________________

Children’s Birth Certificates: _______________________________________________

Social Security Card: _______________________________________________________

Marriage Certificate: _______________________________________________________

Deeds and Titles: _________________________________________________________

Deed to Cemetery Property: _______________________________________________

Pre-Planned Funeral Agreement: ___________________________________________

Income Tax Returns: _____________________________________________________

Safe Deposit Box & Keys: __________________________________________________

Stocks and Bonds: ________________________________________________________

Military Discharge Papers: _________________________________________________

Other Papers: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

WILL:

____________________________________________________________

Attorney’s Name Phone #

____________________________________________________________

Address City ST/Zip

____________________________________________________________

Power of Attorney’s Name Phone #

____________________________________________________________

Type of Power of Attorney Living Will Yes No
Important Document Locations (cont.)

Banking Books: __________________________________________________________

Bank Accounts:

Name of Bank  Account Number  Type of Account
________________________________________________________________________
Name of Bank  Account Number  Type of Account
________________________________________________________________________
Name of Bank  Account Number  Type of Account
________________________________________________________________________

Credit Cards:

Name of Card  Account Number
________________________________________________________________________
Name of Card  Account Number
________________________________________________________________________
Name of Card  Account Number
________________________________________________________________________

Signature of Intent

I have given careful thought and consideration to the choices I have made and outlined in this booklet. I understand that this is not legally binding, and that the ultimate decision will be made by my family and/or appropriate persons, based on the circumstances at the time of my death.

I request that my wishes be fulfilled to the extent possible.

DATE: __________________________________________________________________
SIGNED BY:  __________________________________________________________
WITNESSED BY: ________________________________________________________
Life Insurance Policies

Millions of dollars in insurance go unclaimed every year simply because the beneficiary is not aware that the policy exists. The following is a list of my insurance policies:

- Company Name: ___________________________ Policy #: __________________
  Amount of Benefit: ___________ Beneficiary: _____________________________
  Agent: ___________________________ Phone #: __________________

- Company Name: ___________________________ Policy #: __________________
  Amount of Benefit: ___________ Beneficiary: _____________________________
  Agent: ___________________________ Phone #: __________________

- Company Name: ___________________________ Policy #: __________________
  Amount of Benefit: ___________ Beneficiary: _____________________________
  Agent: ___________________________ Phone #: __________________

- Company Name: ___________________________ Policy #: __________________
  Amount of Benefit: ___________ Beneficiary: _____________________________
  Agent: ___________________________ Phone #: __________________

- Company Name: ___________________________ Policy: __________________
  Amount of Benefit: ___________ Beneficiary: _____________________________
  Agent: ___________________________ Phone #: __________________

- Other Insurance Policies: ______________________________________________
  _________________________________________________________________
Organ Donation

Organ and/or tissue donation is a very personal decision. When you donate your organs and/or tissues, you give someone else the chance to live, which can be the most precious gift of all. *There are no age limitations on who can be a donor but persons under the age of 18 must have parent’s or guardian’s consent. You can make your wishes known on your driver’s license and also by carrying a donor card with you. Discuss this with your family.

I wish to donate my organs and/or tissues: YES or NO

Only the following organs or tissues:

Donor Signature: ________________________________________________

Witness: _______________________________________________________

Date: ___________________________________________________________

*If you have any questions or need information about organ donation, visit: www.organdonor.gov or www.shareyourlife.org

(see pg. 17 for donor card)
**People To Notify**

It is extremely important that all of the people listed be contacted as they are very important to me.....

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<tr>
<th>Name</th>
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How Social Security Can Help You When A Family Member Dies

Social Security should be notified as soon as possible when a person dies. In most cases, the funeral director will report the person’s death to Social Security. You will need to furnish the funeral director with the deceased’s Social Security number so he or she can make the report. Some of the deceased’s family members may be able to receive Social Security benefits if the deceased person worked long enough under Social Security to qualify for benefits. You should get in touch with Social Security as soon as you can to make sure the family receives all of the benefits to which it may be entitled. Please read the following information carefully to learn what benefits may be available.

A one-time payment of $255 can be paid to the surviving spouse if he or she was living with the deceased; or, if living apart, was receiving certain Social Security benefits on the deceased’s record. If there is no surviving spouse, the payment is made to a child who is eligible for benefits on the deceased’s record in the month of death.

Certain family members may be eligible to receive monthly benefits, including:
- A widow or widower age 60 or older (age 50 or older if disabled);
- A surviving spouse at any age who is caring for the deceased’s child under age 16 or disabled;
- An unmarried child of the deceased who is:
  - Younger than age 18 (or age 18 or 19 if he or she is a full-time student in an elementary or secondary school); or
  - Age 18 or older with a disability that began before age 22;
- Parents, age 62 or older, who were dependent on the deceased for at least half of their support; and
- A surviving divorced spouse, under certain circumstances.

If the deceased was receiving Social Security benefits, you must return the benefit received for the month of death or any later months. For example, if the person dies in July, you must return the benefit paid in August. If benefits were paid by direct deposit, contact the bank or other financial institution. Request that any funds received for the month of death or later be returned to Social Security. If the benefits were paid by check, do not cash any checks received for the month in which the person dies or later. Return the checks to Social Security as soon as possible. However, eligible family members may be able to receive death benefits for the month in which the beneficiary died.

Contacting Social Security:
For more information and to find copies of our publications, visit our website at www.socialsecurity.gov or call toll-free 1-800-772-1213 (for the deaf or hard of hearing, call our TTY number, 1-800-325-0778). We can answer specific questions and provide information by automated phone service 24 hours a day. A Social Security representative can tell you what benefits may be payable and set up an appointment, if necessary, to file a claim. We treat all calls confidentially. We also want to make sure you receive accurate and courteous service. That is why we have a second Social Security representative monitor some telephone calls.
Make Your Wish to be an Organ Donor Known

- Declare your wish on your *drivers license*.
- Join the donor registry if your state has one.
- Include donation in your advance directives, *will* and *living will*.
- Tell your family. They can be your advocate should you become a donor candidate.
- Tell your physician, faith leader, and friends.
- Complete a donor card and carry it in your wallet.
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