



ICARE BOOK SERIES™

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# *Preplanning Guide*

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EVERYTHING YOU NEED TO MAKE  
PRE-ARRANGED FUNERAL PLANS





# *Preplanning Guide*

## **A GUIDE TO PLANNING YOUR FUNERAL**

A funeral preplanning guide helps to ensure that your personal wishes are carried out exactly as you want, and can help support your loved ones at a time when they need it most. By completing it, your services will be less stressful, more thoughtful and—above all—more memorable.

### **INSTRUCTIONS:**

- ☑ Print this PDF and complete for your family. If you wish to make changes, you can reprint any pages you wish to update.
- ☑ Complete using legible print, or have someone help or complete it for you.
- ☑ Your planning guide should be kept in a safe place that is readily accessible to your family. It should not be kept in a safety deposit box.
- ☑ If you have questions, contact your funeral home. They will also be happy to keep a copy of your information on file.

A DIVISION OF



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## *To those I love*

Dear loved ones,

The following information contains my final wishes upon my death. It is my hope that you'll honor my wishes as much as possible. Upon my death, please notify the following people:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## Legal information

The following information is vital for the death certificate.

FULL LEGAL NAME: \_\_\_\_\_

MAIDEN NAME (IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SEX: ☐ MALE ☐ FEMALE RACE: \_\_\_\_\_

BIRTH PLACE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

DECEASED: ☐ YES ☐ NO

MOTHER'S NAME: \_\_\_\_\_

DECEASED: ☐ YES ☐ NO

MARITAL STATUS: ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED

SPOUSE'S NAME: \_\_\_\_\_

WEDDING DATE: \_\_\_\_\_

DECEASED: ☐ NO ☐ YES DATE OF DEATH: \_\_\_\_\_

MARITAL STATUS: ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED

SPOUSE'S NAME: \_\_\_\_\_

WEDDING DATE: \_\_\_\_\_

DECEASED: ☐ NO ☐ YES DATE OF DEATH: \_\_\_\_\_



## NAME OF CHILDREN:

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_ IF DECEASED, DATE OF DEATH: \_\_\_\_\_



## *Personal history*

The following information is useful for the obituary and family archives.

### EDUCATION:

HIGH SCHOOL: \_\_\_\_\_

ATTENDANCE DATES: \_\_\_\_\_

☐ H.S. DIPLOMA    ☐ G.E.D.    ☐ DID NOT GRADUATE

COLLEGE: \_\_\_\_\_

ATTENDANCE DATES: \_\_\_\_\_

☐ SOME COLLEGE    ☐ TECHNICAL CERTIFICATION

☐ 2-YEAR DEGREE IN \_\_\_\_\_

☐ 4-YEAR DEGREE IN \_\_\_\_\_

☐ MASTERS DEGREE IN \_\_\_\_\_

☐ PH.D. DEGREE IN \_\_\_\_\_

### OCCUPATION:

EMPLOYER: \_\_\_\_\_

POSITION(S): \_\_\_\_\_ YEARS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION(S): \_\_\_\_\_ YEARS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION(S): \_\_\_\_\_ YEARS: \_\_\_\_\_





### RELIGIOUS AFFILIATION:

FAITH: \_\_\_\_\_

CHURCH: \_\_\_\_\_

DETAILS: \_\_\_\_\_

### MEMBERSHIPS & CLUBS:

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

### CIVIC & VOLUNTEER ACTIVITIES:

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ YEARS: \_\_\_\_\_

### SIGNIFICANT LIFE ACCOMPLISHMENTS:

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## *Military Service*

The following information is useful for the obituary and family archives.

MILITARY BRANCH: \_\_\_\_\_

PENSION/VA #: \_\_\_\_\_

INDUCTION DATE: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

RANK: \_\_\_\_\_

WARS SERVED: \_\_\_\_\_ DATES: \_\_\_\_\_

WARS SERVED: \_\_\_\_\_ DATES: \_\_\_\_\_

WARS SERVED: \_\_\_\_\_ DATES: \_\_\_\_\_

WARS SERVED: \_\_\_\_\_ DATES: \_\_\_\_\_

DECORATIONS: \_\_\_\_\_ DATES: \_\_\_\_\_

DECORATIONS: \_\_\_\_\_ DATES: \_\_\_\_\_

DECORATIONS: \_\_\_\_\_ DATES: \_\_\_\_\_

DECORATIONS: \_\_\_\_\_ DATES: \_\_\_\_\_

DECORATIONS: \_\_\_\_\_ DATES: \_\_\_\_\_

DECORATIONS: \_\_\_\_\_ DATES: \_\_\_\_\_

ADDITIONAL INFORMATION:



## *Funeral preferences*

The following information is useful for your loved ones to know your wishes.

### DO YOU HAVE A FUNERAL PLAN IN PLACE?

☐ YES. SEE BELOW.

FUNERAL HOME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCATION OF PRE-ARRANGED DOCUMENTATION: \_\_\_\_\_

☐ NO. SEE PREFERENCES BELOW.

FUNERAL HOME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RELIGIOUS BELIEF TO BE HONORED: \_\_\_\_\_

RELIGIOUS AFFILIATION: \_\_\_\_\_

PLACE OF WORSHIP: \_\_\_\_\_

TYPE OF SERVICE: \_\_\_\_\_

CLERGY: \_\_\_\_\_



## FUNERAL SERVICE PREFERENCES

I PREFER A SERVICE TO BE HELD AT THE FOLLOWING LOCATION:

☐ FUNERAL HOME: \_\_\_\_\_

☐ CHURCH: \_\_\_\_\_

☐ ONLY A GRAVESIDE CEREMONY AT: \_\_\_\_\_

☐ ONLY A MEMORIAL CEREMONY AT: \_\_\_\_\_

☐ OTHER: \_\_\_\_\_

## I PREFER THE FOLLOWING SERVICE ARRANGEMENTS:

☐ MILITARY CEREMONY   ☐ LODGE CEREMONY   ☐ OTHER: \_\_\_\_\_

☐ VIEWING ONLY AT THE FUNERAL HOME PRIOR TO CEREMONY

GLASSES TO BE WORN: ☐ YES   ☐ NO

GLASSES TO REMAIN WITH ME: ☐ YES   ☐ NO

REMOVE MY GLASSES AND RETURN TO: \_\_\_\_\_

☐ OPEN CASKET VIEWING FOLLOWED BY BURIAL

☐ OPEN CASKET VIEWING FOLLOWED BY CREMATION

☐ CREMATION WITHOUT VIEWING

☐ BURIAL WITHOUT VIEWING

☐ I HAVE NO BURIAL PREFERENCE

## PREFERENCES FOR DISPOSAL OF MY BODY:

☐ GROUND BURIAL AT THIS CEMETERY: \_\_\_\_\_

☐ I HAVE A PURCHASED PLOT   ☐ I DON'T HAVE A PURCHASED PLOT

☐ MAUSOLEUM AT: \_\_\_\_\_

☐ I HAVE A PURCHASED CRYPT   ☐ I DON'T HAVE A PURCHASED CRYPT

☐ I PREFER THAT MY CREMATED REMAINS BE INTERRED IN A:

☐ BURIAL PLOT   ☐ MAUSOLEUM   ☐ SCATTERED AT \_\_\_\_\_

☐ OTHER: \_\_\_\_\_

☐ I WISH TO HAVE A HEADSTONE/MARKER☐ HEADSTONE/MARKER TYPE AND DETAILS:

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☐ INSCRIBED WITH THE FOLLOWING:

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☐ NO PREFERENCE FOR TYPE OF MARKER OR INSCRIPTION

## I PREFER THE FOLLOWING CEREMONY ARRANGEMENTS:

FLOWERS: ☐ YES ☐ NO☐ NO MUSIC☐ PRERECORDED MUSIC

SONG: \_\_\_\_\_

SONG: \_\_\_\_\_

SONG: \_\_\_\_\_

☐ LIVE MUSIC☐ SOLO☐ DUET☐ QUARTET☐ CHOIR☐ ORGAN☐ PIANO☐ OTHER: \_\_\_\_\_

PERFORMED BY: \_\_\_\_\_

SONG: \_\_\_\_\_

SONG: \_\_\_\_\_

SONG: \_\_\_\_\_

☐ CONGREGATIONAL SINGING

SONG: \_\_\_\_\_

SONG: \_\_\_\_\_

SONG: \_\_\_\_\_

**☐ READINGS:**

☐ BIBLE VERSES    ☐ POETRY (attach to this plan)

☐ READINGS (attach to this plan)

BIBLE VERSE: \_\_\_\_\_

BIBLE VERSE: \_\_\_\_\_

BIBLE VERSE: \_\_\_\_\_

**I PREFER THE FOLLOWING IN ATTENDANCE:**

☐ IMMEDIATE FAMILY ONLY    ☐ FAMILY/FRIENDS    ☐ PUBLIC    ☐ NOTHING

**I PREFER THE FOLLOWING CASKETBEARERS:**

_____	_____
_____	_____
_____	_____
_____	_____

**SUGGESTED MEMORIAL DONATIONS:**

I want my family and friends to know of my appreciation of the following organizations, ministries and charities:

_____	_____
_____	_____
_____	_____

**SPECIAL NOTES AND WISHES:**

_____	_____
_____	_____
_____	_____



## *Obituary information*

The following information is useful for your loved ones to write an obituary.

### I WOULD LIKE THE FOLLOWING MENTIONS:

#### SURVIVED BY:

NAME, RELATIONSHIP, CITY & STATE:

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NAME, RELATIONSHIP, CITY & STATE:

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NAME, RELATIONSHIP, CITY & STATE:

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NAME, RELATIONSHIP, CITY & STATE:

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NAME, RELATIONSHIP, CITY & STATE:

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NAME, RELATIONSHIP, CITY & STATE:

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NAME, RELATIONSHIP, CITY & STATE:

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NAME, RELATIONSHIP, CITY & STATE:

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#### PRECEDED IN DEATH BY:

NAME, RELATIONSHIP 

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NAME, RELATIONSHIP 

---

NAME, RELATIONSHIP 

---

NAME, RELATIONSHIP 

---

NAME, RELATIONSHIP 

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**MILITARY SERVICE:**


**PERSONAL INTEREST/HOBBIES:**


**CLUBS/LODGES/MEMBERSHIPS:**


**SPECIAL ACHIEVEMENTS & RECOGNITIONS:**






# *Social Security & Veteran Benefits*

The following information is useful for receiving surviving benefits.

FULL LEGAL NAME: \_\_\_\_\_

MAIDEN NAME (IF APPLICABLE): \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

FOR FURTHER INFORMATION, CONTACT THE SOCIAL SECURITY  
ADMINISTRATION AT 1-800-772-1213.

## TO RECEIVE BENEFITS, YOU WILL NEED:

- ☐ DEATH CERTIFICATE
- ☐ MARRIAGE CERTIFICATE
- ☐ CHILDREN'S BIRTH CERTIFICATES
- ☐ YOUR SOCIAL SECURITY CARD
- ☐ YOUR SPOUSE'S SOCIAL SECURITY CARD
- ☐ TOTAL WAGES PAID ON W-2, 1099 FORMS OR SCHEDULE C  
FROM THE PRECEDING YEAR'S INCOME TAX RETURN



# *Important Contacts*

The following information is useful for your loved ones to know who to contact if they have questions.

## ATTORNEY

NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## EXECUTOR

NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## ACCOUNTANT

NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## FINANCIAL CONSULTANT

NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PRIMARY PHYSICIAN



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### LIFE INSURANCE

COMPANY: \_\_\_\_\_ POLICY # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### BANK

NAME: \_\_\_\_\_ ACCT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SAFE DEPOSIT BOX: ☐ NO ☐ YES KEY LOCATION: \_\_\_\_\_

NAME: \_\_\_\_\_ ACCT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SAFE DEPOSIT BOX: ☐ NO ☐ YES KEY LOCATION: \_\_\_\_\_

### PENSION/UNION PLAN

COMPANY: \_\_\_\_\_ POLICY # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_



## *Assets & Debts*

The following information is useful for your loved ones to know.

### REAL ESTATE BROKER

CONTACT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PROPERTY OWNED

ADDRESS: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

### RETIREMENT ACCOUNTS & BENEFITS

COMPANY: \_\_\_\_\_ POLICY # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_



## CREDIT CARDS

☐ VISA   ☐ MASTER CARD   ☐ AMERICAN EXPRESS   ☐ DISCOVER

ISSUER: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

☐ VISA   ☐ MASTER CARD   ☐ AMERICAN EXPRESS   ☐ DISCOVER

ISSUER: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

☐ VISA   ☐ MASTER CARD   ☐ AMERICAN EXPRESS   ☐ DISCOVER

ISSUER: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

☐ VISA   ☐ MASTER CARD   ☐ AMERICAN EXPRESS   ☐ DISCOVER

ISSUER: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

## DEBTS

LENDER: \_\_\_\_\_ POLICY # \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IMPORTANT INFORMATION: \_\_\_\_\_

LENDER: \_\_\_\_\_ POLICY # \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IMPORTANT INFORMATION: \_\_\_\_\_



## *Important documents*

The following information is useful for your loved ones to know where to find important documents.

### INCOME TAX RETURNS

LOCATION: \_\_\_\_\_

### AUTO/BOAT/MOTORCYCLE REGISTRATIONS

LOCATION: \_\_\_\_\_

### WILL

LOCATION: \_\_\_\_\_ LIVING WILL: ☐ NO ☐ YES

ATTORNEY: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF LAST WILL: \_\_\_\_\_

EXECUTOR OF WILL: \_\_\_\_\_

### BIRTH CERTIFICATE

LOCATION: \_\_\_\_\_

### MARRIAGE CERTIFICATE

LOCATION: \_\_\_\_\_

### OTHER IMPORTANT DOCUMENTS

\_\_\_\_\_ LOCATION: \_\_\_\_\_

\_\_\_\_\_ LOCATION: \_\_\_\_\_

\_\_\_\_\_ LOCATION: \_\_\_\_\_

\_\_\_\_\_ LOCATION: \_\_\_\_\_



## OTHER WISHES, DETAILS & FINAL THOUGHTS:

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## LIST OF IMPORTANT PASSWORDS:

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

SITE: \_\_\_\_\_

LOG IN/USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

## OPTIONAL:

I KEEP MY PASSWORDS HERE: \_\_\_\_\_