

NOTES FOR MY SURVIVOR

From: _____
Date: _____

When an individual dies, there are many details that are frequently overlooked in the initial days of grief and confusion. To assist those persons who survive you, this guide has been developed for you to complete now when a rational and calm approach can be taken to the matter of what to do in the event of death or serious illness.

1. NAME OF CHURCH: _____
Address: _____

2. BURIAL IS DESIRED from Church _____ Chapel _____ Funeral Home _____

3. PREFERENCE OF UNDERTAKER: Name: _____
Address: _____
Phone: _____

4. FUNERAL INSTRUCTIONS (i.e. cremation, donation of body, type of service, plot location):

a. Name of Cemetery: _____ Plot #: _____
Address: _____ Phone: _____

b. Hymns: _____

c. Scripture: _____

d. Special Music: _____

5. IN LIEU OF FLOWERS, I prefer a remembrance to _____

(List church or charity)

If memorials or contributions are made to the church in my name I prefer that they be used in the following manner (if no preference is indicated, they will be placed in the General Memorial Fund): _____

6. EXECUTOR(S) OR TRUSTEE(S):
Name Address Phone

7. INFORMATION HELPFUL TO THE PASTOR:

Spouse's full name _____ Living _____ Deceased _____
Mother's maiden name _____ Living _____ Deceased _____
Father's full name _____ Living _____ Deceased _____

8. PLEASE CALL THE FOLLOWING INDIVIDUALS and inform them of the death:

Name	Address	Phone	Relation
		()	
		()	
		()	
		()	
		()	
		()	
		()	
		()	
		()	
		()	

9. OTHER LIVING RELATIVES:

Name	Address	Relation

(if you wish additional friends or relatives informed, please attach an additional listing)

It is important that your survivor(s) be able to locate vital records and important documents that will be required to claim benefits and settle your estate.

10. LOCATION OF IMPORTANT DOCUMENTS:

- a. Birth certificate: _____
- b. Marriage certificate: _____
- c. Children's birth certificates: _____
- d. Divorce decree: _____
- e. Durable Power of Attorney (Living Will): _____

11. SOCIAL SECURITY NUMBER: _____ MEDICARE _____

a. Special benefits you may believe that you are entitled to under Social Security: _____

12. VETERAN BENEFITS: ENTITLEMENT Yes _____ No _____

VA Claim number: _____

Location of Discharge Document: _____

13. OTHER DEATH BENEFITS: _____

14. PENSION PLANS:

a. Company: _____

b. Type: _____

c. Address: _____

d. Location of Documents: _____

15. LIFE INSURANCE POLICIES:

	Company	Policy Nr.	Owner	Amount	Location
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____

16. AUTOMOBILE INSURANCE POLICY: Company _____ Number _____

Company address _____

Location of Policy _____

17. PERSONAL PROPERTY INSURANCE: Company _____ Number _____

Company Address _____

Location of Policy _____

18. REAL ESTATE:

a. I own property as follows
Property _____ Mortgager _____

b. Cemetery Plot: _____ Plot # _____ Address _____

c. Deeds are located: _____

d. Insurance on above property:
Company _____ Policy located _____

(1) _____

(2) _____

(3) _____

e. On the above property the mortgages, closing statements, title abstracts, title insurance policies, and tax receipts are located: _____

