



# Personal Planning Guide

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Plan Ahead For Those You Love <sup>TM</sup>

Family1<sup>®</sup>

# CONTENTS

MY PERSONAL INFORMATION	2
MILITARY SERVICE	3
IMPORTANT DOCUMENTS	4
FINANCIAL INFORMATION	5
OBITUARY INFORMATION	6
FUNERAL INSTRUCTIONS	7
BURIAL/CREMATION DETAILS	8
ONLINE PROFILES	9
NOTIFICATIONS	10

## Plan Ahead for those you Love.™

- Easy Planning
- No Purchase Required!

Pre-planning your funeral plan doesn't have to be complicated. This Personal Planning Guide is designed to help you understand what decisions need to be made and to organize and document key personal information, personal thoughts and specific preferences of your funeral services.

We encourage you to share this guide with a trusted loved one. Keep it in a safe place and let someone know where it can be located.



# MY PERSONAL INFORMATION

Your loved ones will need the following information about you to obtain a death certificate:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix (SR., JR., III, etc.) \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Education Level Completed: (required by state) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Occupation: (former, if retired) \_\_\_\_\_

Your Maiden Name: \_\_\_\_\_

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

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

Marital Status:  Married  Never Married  Widowed  Divorced

Spouse / Domestic Partner Name: \_\_\_\_\_

Wedding Date & Place: \_\_\_\_\_

In Community Since: \_\_\_\_\_

Organization Memberships: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Class of: \_\_\_\_\_

College or University Attended: \_\_\_\_\_ Class of: \_\_\_\_\_

YOUR CHILDREN				
FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH	CITY & STATE OF BIRTH

## MILITARY SERVICE

Branch: \_\_\_\_\_ Years of Service: \_\_\_\_\_ Discharge Date & Place: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Place of Entry: \_\_\_\_\_

Type of Separation or Discharge of Service: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Discharge: \_\_\_\_\_

Location of Military Discharge Papers (DD 214): \_\_\_\_\_

Highest Grade, Rank or Rating Received: \_\_\_\_\_

Wars/Conflicts Served: \_\_\_\_\_

Additional Information/Medals/Honors/Citations:

## VETERANS ADMINISTRATION\*

If you are an honorably discharged veteran, your survivors may be eligible for a wide range of benefits. Information on a wide variety of topics may be obtained by calling **(800) 827-1000** or on the Internet at [www.va.gov](http://www.va.gov). For specific information about your benefits, have your VA number available for the benefits counselor when you call.

Some of the benefits currently available to survivors of honorably discharged veterans include: a burial flag, presidential memorial certificate, headstone or marker for the grave or niche of the veteran and in some cases burial allowances. For specific questions regarding eligibility and options, contact the Veterans Administration at the number given above.

\* Texas Service Life Insurance Company is neither endorsed by nor affiliated with any government agency, including the Social Security Administration and the Department of Veterans Affairs.



# IMPORTANT DOCUMENTS

Your family or your Executor/Administrator will need to gather a variety of documents following your death in order to settle your affairs. Recording the location of these key documents can simplify the process and make it less stressful for your loved ones.

DOCUMENT	LOCATION
Will	
Birth Certificate	
Citizenship Certificate	
Military Discharge	
Diplomas	
Insurance Policies	
Marriage Certificate	
Divorce Decree/Annulment	
Property Deed(s)	
Vehicle Title(s)	
Passport	
Social Security Card	
Safe Deposit Box Key	
Adoption Papers	

## SOCIAL SECURITY INFORMATION\*

To facilitate receiving Social Security benefits, you will need the following when contacting your Social Security office.

1. **Social Security Number**
2. **Marriage License**
3. **Children's Birth Certificates**
4. **W2 for the previous 2 years**
5. **Proof of Widow(er)'s age if 62 years or older**
6. **Certified Copy of Death Certificate**

A lump sum payment may be made when an eligible person dies. This payment can only be made if there is an eligible surviving widow, widower or entitled child. Also, survivor's checks may go to certain members of a worker's family.

An application for the lump sum death payments usually must be made within two years after the worker's death. Don't delay applying because you don't have all the proof of information. The people in the Social Security Office will tell you about other proof of information that can be used when you apply.



It is a good idea to check your record every three years to make sure that earnings are being correctly reported to your record.

**Social Security Administration**

**TOLL-FREE: (800) 772-1213**

**ONLINE: [www.ssa.gov](http://www.ssa.gov)**

# FINANCIAL INFORMATION

Your family or your Executor/Administrator will need information about your assets after your death. Simplify the process by compiling your asset information below.

BANK		
ACCOUNT TYPE	BANK NAME	DOCUMENT LOCATION
Safe Deposit Box		
Savings		
Money Market		
Certificate of Deposit		
Maturity Date		
IRA		
Roth IRA		

INVESTMENT		
ACCOUNT TYPE	INSTITUTION NAME	DOCUMENT LOCATION
<b>Brokerage Account</b>		
Contact Name & Phone #		
<b>Mutual Fund Account</b>		
Contact Name & Phone #		
<b>Investment/other</b>		
Contact Name & Phone #		

PROPERTY		
TYPE	LENDER	DOCUMENT LOCATION
1st Mortgage		
2nd Mortgage		
Home Equity Loan		
Reverse Mortgage		
Real Estate/other		
Auto		
Auto		
Auto/other		
Other		

# OBITUARY INFORMATION

Name preference for publishing: \_\_\_\_\_

Newspapers to notify (including out of area): \_\_\_\_\_

Date and location of birth: \_\_\_\_\_

Parent's names: \_\_\_\_\_

Marriage information: \_\_\_\_\_

Professional information, professional achievements:

Awards received: \_\_\_\_\_

Funeral service details: \_\_\_\_\_

In lieu of flowers, charity donation information: \_\_\_\_\_

PRECEDED IN DEATH BY		
NAME	RELATIONSHIP	CITY/STATE

SURVIVED BY		
NAME	RELATIONSHIP	CITY/STATE

# FUNERAL INSTRUCTIONS

Record your final wishes below to assist your grieving family in making the final arrangements you desire. This information will provide a "road map" your loved ones can follow to memorialize your life.

Place of Service: Chapel: \_\_\_\_\_ Church: \_\_\_\_\_ Other: \_\_\_\_\_

Type of Disposition:  Burial  Cremation  Entombment

Minister/Clergy: \_\_\_\_\_

Favorite Bible/Literary Passage: \_\_\_\_\_

Favorite Music Selections: \_\_\_\_\_

Flag:  Folded  Draped Casket  Presented to: \_\_\_\_\_

CLOTHING DESCRIPTION  STAYS ON  RETURNS TO FAMILY

JEWELRY DESCRIPTION  STAYS ON  RETURNS TO FAMILY

OTHER/DESCRIPTION  STAYS ON  RETURNS TO FAMILY

Clothing Preferences:  From current wardrobe  New

Flower Preferences: \_\_\_\_\_ Color: \_\_\_\_\_

Alternate Flower Selection: \_\_\_\_\_ Color: \_\_\_\_\_

Casket Open During Visitation:  Yes  No      During Service:  Yes  No

PALLBEARER INFORMATION			
NAME	RELATIONSHIP	CITY/STATE	PHONE



# BURIAL / CREMATION DETAILS

Choose a special place of lasting remembrance where family and friends can visit and reflect.

## BURIAL:

Traditional Ground Burial

I have purchased a plot

Section: \_\_\_\_\_ Lot: \_\_\_\_\_ Space: \_\_\_\_\_

I have not purchased a plot

Interred in a Mausoleum

I have purchased a crypt

I have not purchased a crypt

Other Special Instructions: \_\_\_\_\_

## CREMATION:

Interred in a Mausoleum (niche)

Buried next to my spouse/family

Section: \_\_\_\_\_ Lot: \_\_\_\_\_ Space: \_\_\_\_\_

Scattered

Location: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## OTHER:

I, \_\_\_\_\_ have personally provided this information on \_\_\_\_\_ so that my loved ones are spared inconvenience at the time of my death. I have recorded vital statistics and the location of important documents, which will be needed to settle my affairs. Please keep this document on file and share it with my family, so that everything will be conducted in accordance with my wishes.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

# ONLINE PROFILES

List your email, social media accounts or other important login information.

---

ACCOUNT NAME

---

WEB ADDRESS/URL

---

USERNAME

---

PASSWORD

---

OTHER INFORMATION

---

ACCOUNT NAME

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WEB ADDRESS/URL

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USERNAME

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PASSWORD

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OTHER INFORMATION

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ACCOUNT NAME

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WEB ADDRESS/URL

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WEB ADDRESS/URL

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USERNAME

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PASSWORD

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OTHER INFORMATION

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ACCOUNT NAME

---

WEB ADDRESS/URL

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USERNAME

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PASSWORD

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OTHER INFORMATION

# NOTIFICATIONS

Please let all of the following people know of my passing.

---

NAME

---

RELATIONSHIP

---

ADDRESS

---

CITY                      ST                      ZIP

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PHONE

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EMAIL

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NAME

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RELATIONSHIP

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EMAIL

# Family1.com<sup>®</sup>



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Insurance products underwritten by Texas Service Life Insurance Company  
For more information: [www.prepaidfunerals.texas.gov](http://www.prepaidfunerals.texas.gov) • [www.dob.texas.gov](http://www.dob.texas.gov)