

Thoughtful Decisions

Planning Guide



A K E E P S A K E P O R T F O L I O

Weed-Corley-Fish
FUNERAL HOMES & CREMATION SERVICES

North

3125 N. Lamar | Austin, TX 78705
512.452.8811 | Fax 512.452.8902

South

2620 S. Congress | Austin, TX 78704
512.442.1446 | Fax 512.442.9350

Lake Travis

411 RR 620 South | Lakeway, TX 78734
512.263.1511 | Fax 512.334.1065



DEAR LOVED ONES

I prepared this guide for you and those I care about. Inside, you will find a brief overview of my life, a listing of those most dear to me, and some of my most precious memories. For your peace of mind, as well as my own, I have included wishes for my funeral service along with other vital 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 have at my time of passing so that you can celebrate our life together.

VITAL STATISTICS

Full legal name (first, middle, last): _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ E-mail: _____

Sex: _____ Race: _____ Date of birth: _____

Birthplace (city & state): _____

Education level completed: _____ Social Security number: _____

Veteran: Yes No Branch: _____

Rank at discharge: _____ Service number: _____

Enlistment date & place: _____

Discharge date & place: _____

Location of military discharge papers: _____

Spouse's name (if wife, please give maiden name): _____

Father's name (first, middle, last): _____

Birthplace of father: _____

Mother's maiden name (first, middle, last): _____

Birthplace of mother: _____

HISTORICAL INFORMATION

In community since: _____ Date & place married: _____

Occupation (former, if retired): _____ Employer: _____

Number of years employed: _____ City & state: _____

Organization memberships (fraternal & other): _____

Church: _____

Additional information: _____

AUTHORIZATION

I, _____, do hereby certify and acknowledge that the information recorded herein was personally given to _____ representing _____ Funeral Home.

I understand that the information recorded herein is on file at the funeral home listed above.

Authorized signature _____ Date _____

Counselor's signature _____ Date _____

FAMILY & FRIENDS

IMMEDIATE FAMILY:

RELATION	NAME	E-MAIL	CITY & STATE	PHONE

OTHER FAMILY MEMBERS:

RELATION	NAME	E-MAIL	CITY & STATE	PHONE

PRECEDED IN DEATH BY

NAME	RELATION

PERSONAL INFORMATION

Location of Important Papers _____

Will and/or Trusts Yes No Location(s) _____

Living Will Yes No Location(s) _____ Who _____

Healthcare Directives Yes No Location(s) _____

Power of Attorney Yes No Location(s) _____ Who _____

Designated person who has access to a list of your digital accounts and passwords _____

INSURANCE COMPANY	REASON PURCHASED	POLICY NUMBER	POLICY AMOUNT

Life Insurance Policies Yes No Location(s) _____

Cemetery Property Deed Location(s) _____

Funeral Arrangement Documents Location(s) _____

Bank Location(s) _____ Safe Deposit Box Yes No

Additional Information _____

PERSONAL WISHES FOR FUNERAL SERVICE

To eliminate any burden or hardship for my loved ones, I have:

Prearranged my funeral *Prefunded my funeral*

Type of ceremony:

Traditional *Graveside* *Cremation*

PALLBEARERS:

NAME	CITY & STATE	PHONE

Place of service: Chapel _____ Church _____ Other _____

Cemetery property: _____ Section: _____ Lot: _____ Space: _____

Minister/Preacher: _____ Phone: _____

Favorite Bible/literary passage(s): _____

Musicians: _____

Music selections: _____

Clothing: *From my current wardrobe* _____ *Purchase new clothes*

Jewelry, etc.: *On* *Off* Give to: _____ Glasses: *On* *Off*

Casket open during visitation: *Yes* *No* Casket open during service: *Yes* *No*

Flag (if veteran): *Yes* *No* If Yes, *Folded* *Drape casket*

Additional information or instructions: _____

AUTHORIZED PERSON(S) TO ARRANGE FINAL DETAILS:

RELATION	NAME	CITY & STATE	PHONE

NEWSPAPER NOTICES

Name as it should appear in newspaper: _____

Newspapers to notify: _____

Donations to: _____

Further instructions: _____

IMPORTANT NOTICES

