

MEMORIAL PLANNING GUIDE

FOR THE FAMILY AND FRIENDS OF

Compliments of

PROSPERITY
LIFE GROUP®



MEMORIAL GUIDE

PERSONAL INFORMATION

Name _____
Social Security No. _____
Date of Birth _____
Place of Birth _____
Current Address _____
Marital Status _____
Name of Spouse _____
Maiden Name _____
If Veteran, _____
Serial No. _____
Branch of Service _____
Rank _____
Date Entered Service Month _____ Year _____
Date Discharged Month _____ Year _____

FAMILY INFORMATION

Father's Name _____
Father's Place of Birth _____
Mother's Name _____
Mother's Maiden Name _____
Mother's Place of Birth _____
Children's Names and Birth Dates _____

FUNERAL REQUESTS

Preferred Funeral Home _____
Service To Be Held ____ Church ____ Funeral Home
____ Other
If Church, Name _____
Favorite Hymns _____
Special Requests _____

Flowers _____
Contributions _____
Cemetery Name _____
Is Deed Available? ____ Yes ____ No
I Prefer: __Burial __Entombment __Cremation

KEY FAMILY MEMBERS TO CONTACT

Name _____
Phone No. _____
Name _____
Phone No. _____
Name Phone No. _____
Clergy _____
Requested Pallbearers _____



MEMORIAL GUIDE CONTINUED...

LEGAL AND FINANCIAL MATTERS

LOCATOR OF IMPORTANT PAPERS

Executor of Estate

Phone

Attorney Name

Phone

Agent Name

Agent Phone

Safe Deposit Box

Life Insurance #1

Company/Bank

Policy No.

Life Insurance #2

Company/Bank

Policy No.

Life Insurance #3

Company/Bank

Policy No.

Credit Cards

Company/Acct. No.

Company/Acct. No.

Company/Acct. No.

Company/Acct. No.

Company/Acct. No.

Checking Accounts

Institution/Acct. No.

Institution/Acct. No.

Savings Accounts

Institution/Acct. No.

Institution/Acct. No.

IRA or Investment Accounts

Institution/Acct. No.

Institution/Acct. No.

Will and Testament

Birth Certificate

Marriage Certificate

Stocks and Bonds

Certificate of Deposit

Military Records

Savings Passbooks

Automobile Papers

Trust Fund Information

Auto Insurance

Homeowners Insurance

Mortgage Papers

Property Deeds

Income Tax Papers

OTHER / COMMENTS

Executor of Estate _____
 Phone _____
 Attorney Name _____
 Phone _____

Safe Deposit Box _____
 Life Insurance #1 _____
 Company/Bank _____
 Policy No. _____

Life Insurance #3 _____
 Company/Bank _____
 Policy No. _____

Credit Cards	
Company/Acct. No.	
Company/Acct. No.	
Company/Acct. No.	
Company/Acct. No.	
Company/Acct. No.	

Checking Accounts
Institution/Acct. No. _____
Institution/Acct. No. _____

Savings Accounts
Institution/Acct. No. _____
Institution/Acct. No. _____

IRA or Investment Accounts
Institution/Acct. No. _____
Institution/Acct. No. _____

Will and Testament	_____
Birth Certificate	_____
Marriage Certificate	_____
Stocks and Bonds	_____
Certificate of Deposit	_____
Military Records	_____
Savings Passbooks	_____
Automobile Papers	_____
Trust Fund Information	_____
Auto Insurance	_____
Homeowners Insurance	_____
Mortgage Papers	_____
Property Deeds	_____
Income Tax Papers	_____

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