

# Information Checklist for My Survivors

My full name: \_\_\_\_\_

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I would like these funeral arrangements: \_\_\_\_\_

Using this funeral establishment: \_\_\_\_\_

I am a veteran and would like these additional arrangements: \_\_\_\_\_

## NAMES & CONTACT INFORMATION FOR MY:

Family members / friends to be notified: \_\_\_\_\_

Fraternal / religious organization to hold service: \_\_\_\_\_

Minister, priest, rabbi or other person to lead service: \_\_\_\_\_

Accountant and / or tax preparer: \_\_\_\_\_

Attorney: \_\_\_\_\_

Executor: \_\_\_\_\_

Financial advisor: \_\_\_\_\_

Insurance advisor: \_\_\_\_\_

## LOCATION OF MY:

Bank accounts, passbooks or similar records: \_\_\_\_\_

Birth certificate, marriage license, divorce decree: \_\_\_\_\_

Funeral Consumers Alliance funeral planning form: \_\_\_\_\_

Instructions if I die while out of the area: \_\_\_\_\_

Insurance policies: \_\_\_\_\_

Lease: \_\_\_\_\_

Obituary and instructions regarding my funeral or memorial service: \_\_\_\_\_

Safe deposit box and location of the key: \_\_\_\_\_

Securities, fund accounts and related papers: \_\_\_\_\_

Tax returns for past years: \_\_\_\_\_

Titles to realty owned, records on improvements, etc: \_\_\_\_\_

Titles to vehicles and boats: \_\_\_\_\_

Will: \_\_\_\_\_

Other: \_\_\_\_\_

Others who have copies of this form: \_\_\_\_\_

Additional information (continue on back of this sheet)