



FORE  
THOUGHT®  
*Thinking Ahead*™

# Time to Reflect

*Your Personal Funeral Planning Guide*



# My personal history



*By recording your personal history and funeral preferences, you will help your loved ones in their time of need.*

## PERSONAL INFORMATION

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of birth \_\_\_\_\_ Birthplace (City, County, State) \_\_\_\_\_

Current address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Daytime phone \_\_\_\_\_ Email address \_\_\_\_\_

Marital status (check one)  Single  Married  Widowed  Divorced

Race/nationality \_\_\_\_\_

Spouse's full maiden name \_\_\_\_\_ Marriage date \_\_\_\_\_ Place \_\_\_\_\_ Date of death \_\_\_\_\_ (if applicable)

Deceased (check one) Y  N

Mother's maiden name \_\_\_\_\_

## PROFESSIONAL HISTORY

Lifetime occupation \_\_\_\_\_ Industry \_\_\_\_\_ Employer \_\_\_\_\_

Retired (check one) Y  N

Last position held/job title \_\_\_\_\_ Number of years with employer \_\_\_\_\_

Father's name \_\_\_\_\_

Deceased (check one) Y  N



## EDUCATION

Education level completed

High School attended                      City                      State                      Year of graduation

College attended                      City                      State                      Year of graduation

Degree(s) received

Awards received

## MILITARY RECORDS

Veteran (check one)    Y     N

Branch of Military                      Rank                      Service number

Enlistment date                      Discharge date

Discharge papers enclosed (check one)    Y     N

## PERSONAL IDENTIFICATION NUMBERS

Social Security number

Driver's License number/State

Visa number

Passport number and issuing Country

Green Card number

## FAMILY MEMBERS

Address

Phone

---

Mother

---

Father

---

Siblings

---

Siblings

---

Spouse/loved one

---

Children and their spouses

---

Children and their spouses

---

Grand children and great-grandchildren

---

Others

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Pets

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Local newspaper name (Funeral Home will notify)

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Other newspapers (include name of newspaper, city, state)

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Picture enclosed (check one)   Y    N

**LOCAL CONTACTS TO BE NOTIFIED AT THE TIME OF DEATH**

Name

Address

Phone

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**OBITUARY INFORMATION**

**SURVIVED BY**

Name	Relationship	Name	Relationship
<hr/>		<hr/>	
<hr/>		<hr/>	
<hr/>		<hr/>	

**PRE-DECEASED BY**

Name	Relationship	Name	Relationship
<hr/>		<hr/>	
<hr/>		<hr/>	
<hr/>		<hr/>	

**COMMUNITY AFFILIATIONS**

Lodges, memberships & public offices held

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Awards & certifications

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Hobbies & interests

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Church (name, denomination, involvement)

Charities/volunteerism

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**IMPORTANT LEGAL INFORMATION FOR FAMILY USE**

Insurance (include company name, policy #, type and amount)

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Attorney's name	Safe deposit box location	
Executor of estate	Address	Phone

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Do you have a will? (check one)   Y    N

Location of will and any additional pertinent information (A will is typically read after the funeral and is not the best place to indicate your funeral wishes.)

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**LOCATION OTHER IMPORTANT DOCUMENTS**

Birth Certificate	Passport	Insurance Policies
Citizenship Certificate	Diplomas	Property Deeds
Marriage Certificate	Trust Documents	Vehicle Titles

**OTHER KEY CONTACTS**

Accountant	Firm	Phone
Financial Advisor	Firm	Phone
Insurance Agent	Firm	Phone
Other	Firm	Phone
Other	Firm	Other
Other	Firm	Other

Funeral home		Location/city
Service location	Service type	Officiant name
Cemetery	Location/city	Section lot

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# Celebrating my life



*Your family will be consoled knowing they are fulfilling your final requests.*

## FUNERAL SERVICE SELECTIONS

Property purchased (check one) Y  N

Marker purchased (check one) Y  N

Casket/urn

Outer container

Visiting and viewing preferences

Type of cremation service

Memorial package selection

## SPECIAL INSTRUCTIONS

### Music selections

Number

Vocalist name and phone

Organist name and phone

Number

Vocalist name and phone

Organist name and phone

### Special readings

Religious Text, Poem, Quote etc.

Reader's name

Phone

Religious Text, Poem, Quote etc.

Reader's name

Phone

### Flower requests

### Personal instructions

Clothing

Jewelry

Jewelry returned (check one) Y  N

Glasses worn (check one) Y  N

Glasses returned (check one) Y  N

Other requests



**PARTICIPATING ORGANIZATIONS (FRATERNAL/MILITARY)**

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**PALL BEARER'S NAMES**

Name	Relationship	Name	Relationship
<hr/>		<hr/>	
<hr/>		<hr/>	
<hr/>		<hr/>	

**MEMORIAL CONTRIBUTION DESIGNATION**

Organization name	City/State
<hr/>	<hr/>
Organization name	City/State
<hr/>	<hr/>

**ADDITIONAL INFORMATION**

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*I have set aside funds for my funeral plan.*

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Provider's name and address

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THOUGHT®  
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*Compliments of:*

