



DIGNITY MEMORIAL®  
*Personal Planning Guide*

Dignity®  
MEMORIAL

∞ LIFE WELL CELEBRATED® ∞





*The celebration*  
of a **LIFETIME**  
begins here.





HAVING THINGS IN ORDER  
*means gaining peace of mind.*

This planning guide was designed to help you record and organize important information, personal thoughts and your final wishes. Making final plans now is one of the most thoughtful gifts you can give your family. And, when you plan ahead, your Dignity Memorial® professionals can help you coordinate every detail to create a personal, meaningful tribute.





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## IMPORTANT INFORMATION

**NAME:**

FIRST

MIDDLE

LAST

**CONTACT INFORMATION:**

STREET ADDRESS

CITY/COUNTY

STATE

ZIP

EMAIL ADDRESS(ES)

PHONE NUMBER(S)

**SEX:**  Male  Female

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PLACE OF BIRTH:**

**DATE OF BIRTH:**

CITY/COUNTY

STATE

ZIP

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**MARITAL STATUS:**  Married - Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  Never Married  Widowed  Divorced

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

**CAREER:**

OCCUPATION

TYPE OF BUSINESS/INDUSTRY

EMPLOYER

PHONE NUMBER

**EDUCATION:** (Highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)

COLLEGE/UNIVERSITY NAME(S)

DEGREE(S)

**MILITARY SERVICE:** Have you ever been a member of the armed forces?  Yes  No (If yes, complete 'Military Service' on p. 14)

**FATHER:**

FIRST NAME

MIDDLE NAME

LAST NAME

PLACE OF BIRTH

**MOTHER:**

FIRST NAME

MIDDLE NAME

MAIDEN NAME

PLACE OF BIRTH

**INFORMANT INFORMATION:** (Person responsible for completing arrangements)

NAME

RELATIONSHIP

STREET ADDRESS

CITY/COUNTY

STATE

ZIP

EMAIL ADDRESS(ES)

PHONE NUMBER(S)

## YOUR LEGACY

My fondest childhood memories:

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Sharing your accomplishments, special memories and favorite things will allow them to be remembered and cherished by generations to come.

My earliest ambitions:

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Things that make me smile:

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My proudest family moments:

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My proudest career accomplishments:

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Special achievements/awards/offices held/  
additional points of interest and memories:

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My favorite songs:

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My favorite color:

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Pastimes and hobbies I enjoy:

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Other favorite things:

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GENEALOGY/FAMILY HISTORY

*This page will serve as a reference and reminder of your unique lineage.*

*family of:*

NAME

My grandparents:

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My parents:

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My siblings:

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My spouse:

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My children:

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My grandchildren:

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*No two of us are alike.*

Whether you live your life with a special flourish and pomp, or love to spend quiet moments enjoying a soft summer breeze, you are one of a kind.

Your Dignity Memorial® professionals understand this. It's our honor to help you plan your life's celebration to reflect your personality and passions.

Maybe it includes the music you love, the food you grew up with, a treasured collection you've nurtured or a combination of many things.

You set the stage and you decide. We're here to see that your wishes are honored and that your special story is told.



## SERVICE PREFERENCES

*A memorial service is a time for family and friends to gather and remember. When you plan your service in advance, your tribute can be a unique and personal reflection of you.*

### PREFERRED FUNERAL HOME:

NAME OF FUNERAL HOME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/COUNTY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL/WEB ADDRESS \_\_\_\_\_

**TYPE OF SERVICE:**  Funeral  Cremation  Memorial  Other \_\_\_\_\_

### PLACE OF SERVICE:

Funeral Home  Church/Chapel  Cemetery Chapel  Cemetery Graveside  Synagogue/Temple  Other \_\_\_\_\_

**SERVICE PREFERENCE:**  Religious  Non-religious  Celebrant/Clergy/Speaker \_\_\_\_\_

OTHER PERSONAL OR RELIGIOUS PREFERENCES \_\_\_\_\_



*A keepsake is a unique token for guests to take with them following a service. It can represent a cherished memory, special event or beloved hobby. Perhaps it's an engraved golf ball, a seed packet or something that was part of a personal collection.*

### *What are some special reminders of you?*

KEEPSAKES FOR GUESTS \_\_\_\_\_

SPECIAL THEME OR DÉCOR \_\_\_\_\_

SELECTED READINGS (poetry, religious passages or other special selections) \_\_\_\_\_

MUSICIANS \_\_\_\_\_

MUSICAL SELECTIONS \_\_\_\_\_

### *A floral theme close to your heart.*

*From colorful blooms to elegant displays, flowers can say so much.*

FLORAL PREFERENCES \_\_\_\_\_

## SERVICE PREFERENCES

**TYPE OF CASKET:**  Hardwood  Metal  Cremation/Ceremonial Casket  All Wood Construction

Selected and prepaid on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  Selected and have not paid

**TYPE OF URN:**  Wood  Metal  Porcelain  Other \_\_\_\_\_

**PARTICIPATING ORGANIZATIONS:** (military, fraternal, lodge, etc.)

ORGANIZATION NAME(S) \_\_\_\_\_

**OBITUARY:**  Newspaper(s) \_\_\_\_\_

Online \_\_\_\_\_  Other \_\_\_\_\_

**FLAG:**  Draped  Folded  Presented to \_\_\_\_\_

**WAKE/ROSARY:**  Yes  No  Location \_\_\_\_\_  Officiant \_\_\_\_\_

**VISITATION:**  Yes  No |  Public  Private | Casket:  Open  Closed |  Other

**CLOTHING PREFERENCE:**  From current wardrobe  New

CLOTHING DESCRIPTION  Stays on  Returns to family

JEWELRY DESCRIPTION  Stays on  Returns to family

EYEGLASSES DESCRIPTION  Stays on  Returns to family

OTHER/DESCRIPTION  Stays on  Returns to family

**MEMORIAL DONATIONS TO:**

\_\_\_\_\_

**PALLBEARER NAMES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECEPTION:**

LOCATION \_\_\_\_\_

CATERING \_\_\_\_\_

HOSPITALITY \_\_\_\_\_

ENTERTAINMENT \_\_\_\_\_

ADDITIONAL REQUESTS \_\_\_\_\_

*Favorite touches can make a service personal and meaningful. A special meal, the reading of a treasured verse or music you've always enjoyed—make your service a personal reflection of you.*



## MEMORIALIZATION PREFERENCES

*Preserve your legacy and leave family and friends  
a lasting place to reflect and remember.*

### PREFERRED MEMORIAL PARK/CEMETERY:

NAME OF MEMORIAL PARK/CEMETERY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/COUNTY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_


PHONE \_\_\_\_\_

EMAIL/WEB ADDRESS \_\_\_\_\_

**TYPE OF ARRANGEMENTS:**  Family Estate  Companion  Single  Other \_\_\_\_\_

Selected and prepaid on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  Selected and have not paid



—  —  
Most of us don't realize  
how important *remembrance* is  
to those who love us.

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

### TYPE OF INTERMENT RIGHTS:

Mausoleum  Niche  Lawn Crypt  Ground Burial

Cremation Garden  Other \_\_\_\_\_

Selected and prepaid on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Selected and have not paid

NAME OF OWNER OF INTERMENT RIGHTS \_\_\_\_\_

LEGAL DESCRIPTION OF INTERMENT RIGHTS \_\_\_\_\_

LOCATION OF CERTIFICATE OF OWNERSHIP \_\_\_\_\_

### OUTER BURIAL CONTAINER:

Concrete Vault  Metal Vault  Grave Liner

Other \_\_\_\_\_

Selected and prepaid on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Selected and have not paid

### TYPE OF CEMETERY SERVICE:

OPENING AND CLOSING (Quantity/Description) \_\_\_\_\_

Selected and prepaid on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Selected and have not paid

## MEMORIALIZATION PREFERENCES

### MEMORIALIZATION:

Monument  Bronze Plaque on Granite Base  Bronze Plaque  Granite Plaque  Other \_\_\_\_\_

INSCRIPTION/EMBLEM

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Selected and prepaid on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  Selected and have not paid

*Leave a permanent tribute  
that celebrates special memories  
and family heritage.*

### PERSONAL REQUESTS:

Family present during closing upon conclusion  
of Committal Service:  Yes  No

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Release of:

Doves  Butterflies  Balloons  
 Other \_\_\_\_\_

### ADDITIONAL REQUESTS:

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### MILITARY HONORS:

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### FLORAL PLACEMENT SERVICE:

MONTH TYPE

MONTH TYPE

MONTH TYPE

MONTH TYPE

From a serene outdoor setting to the  
elegance of an enclosed mausoleum,  
your final resting place can reflect  
*your special life and story.*



## TRANSPORTATION & RELOCATION PROTECTION PLAN\* INFORMATION

*The Transportation & Relocation Protection Plan helps families cope with the unexpected.  
With just one phone call, you can take care of everything you need to bring a loved one home.*

**TRANSPORTATION & RELOCATION PROTECTION PLAN:**  Yes  No

CONTRACT NUMBER		BENEFICIARY	
NAME OF RECEIVING FUNERAL HOME			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE	EMAIL/WEB ADDRESS		

## ORGANIZATIONS TO CONTACT

*Use this area to note any organizations or groups that may need to be notified upon your passing.*

NAME OF ORGANIZATION			
CONTACT PERSON			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE	EMAIL/WEB ADDRESS		

NAME OF ORGANIZATION			
CONTACT PERSON			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE	EMAIL/WEB ADDRESS		

NAME OF ORGANIZATION			
CONTACT PERSON			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE	EMAIL/WEB ADDRESS		

NAME OF ORGANIZATION			
CONTACT PERSON			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE	EMAIL/WEB ADDRESS		

\*Program services offered by Medical Air Services Association, Inc. and its affiliates. Not available in KY, NY and SC.

## PEOPLE TO CONTACT

*Use this area to note family, friends, coworkers and others you would like to be notified of your passing.*

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

## SOCIAL SECURITY INFORMATION

To facilitate receiving Social Security benefits, you will need the following when you contact your Social Security office:

1. Social Security Number
2. Marriage License
3. Children's Birth Certificates
4. W2 for the previous two 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 payment 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

1-800-772-1213 | [www.ssa.gov](http://www.ssa.gov)



## MILITARY SERVICE

BRANCH OF SERVICE

SERVICE SERIAL NUMBER

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DATE ENTERED SERVICE

\_\_\_\_\_  
PLACE

TYPE OF SEPARATION OR DISCHARGE OF SERVICE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DATE

\_\_\_\_\_  
PLACE OF SEPARATION

LOCATION OF MILITARY DISCHARGE PAPERS (DD-214)

HIGHEST GRADE, RANK OR RATING RECEIVED

WARS/CONFLICTS SERVED

ADDITIONAL INFORMATION/MEDALS/HONORS/CITATIONS

For more information on Veterans benefits, please request a **FREE** *Veterans Planning Guide* from your Dignity Memorial professional.





## ESTATE INFORMATION

### Importance of a Will

If you die without a will, state law and the courts may determine who will administer your estate, handle financial matters and act as guardian for your minor children. With a will, you decide.

In some instances, joint ownership of property may not be a good substitute for a carefully drafted will. For instance, if you and your spouse died as a result of a common accident, before the survivor had an opportunity to execute a proper will, your property would pass to whom/what according to state law.

The law is very exacting in its requirements with respect to the publications, signing and witnessing of wills. It is recommended that this matter be handled by a competent attorney. Homemade wills may not stand up in court.

You should review your will every few years, particularly if you have moved or your family situation has changed since you last executed a will. State laws vary as to formal requirements and as to the rights of children and grandchildren born after a will was executed.

When you realize how much is at stake — the well-being of your entire family and the protection of your property — we believe that you will find that the attorney's fee for drafting your will and planning your estate is a worthwhile investment.

### MY WILL

**I HAVE A WILL:**  No  Yes - Date of Will (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**LOCATION OF WILL:**  At home  Attorney's office  Other \_\_\_\_\_

#### EXECUTOR/EXECUTRIX:

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY/COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

#### PREPARED BY:

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY/COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_



### SENIOR LIVING SOLUTIONS

Through a special partnership with Brookdale, the industry leader in Senior Living Solutions, Dignity Memorial® customers enjoy access to a complete range of senior living communities with unparalleled services. Planning now for your later years in life is a gift that can bring you and your loved ones true peace of mind. Call **1-888-305-5647** for a complimentary Brookdale Senior Living Guide and consultation.

## FINANCIAL INFORMATION

### BANKING:

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
Type of account:  Checking  Savings  Other \_\_\_\_\_

USERNAME \_\_\_\_\_ PASSWORD \_\_\_\_\_

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
Type of account:  Checking  Savings  Other \_\_\_\_\_

USERNAME \_\_\_\_\_ PASSWORD \_\_\_\_\_

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
Type of account:  Checking  Savings  Other \_\_\_\_\_

USERNAME \_\_\_\_\_ PASSWORD \_\_\_\_\_

### CREDIT CARDS:

Visa  MasterCard  American Express  Discover  Other \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

USERNAME \_\_\_\_\_ PASSWORD \_\_\_\_\_

Visa  MasterCard  American Express  Discover  Other \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

USERNAME \_\_\_\_\_ PASSWORD \_\_\_\_\_

Visa  MasterCard  American Express  Discover  Other \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

USERNAME \_\_\_\_\_ PASSWORD \_\_\_\_\_

Visa  MasterCard  American Express  Discover  Other \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

USERNAME \_\_\_\_\_ PASSWORD \_\_\_\_\_

## FINANCIAL INFORMATION

### LIFE INSURANCE/BENEFITS:

LOCATION OF POLICY \_\_\_\_\_

Type:  Term  Whole Life  Universal  Group  Other \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

PHONE \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

BENEFICIARY \_\_\_\_\_

AMOUNT \_\_\_\_\_

LOCATION OF POLICY \_\_\_\_\_

Type:  Term  Whole Life  Universal  Group  Other \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

PHONE \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

BENEFICIARY \_\_\_\_\_

AMOUNT \_\_\_\_\_

### REAL ESTATE HOLDINGS:

DESCRIPTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

DEED LOCATION \_\_\_\_\_

DEED HOLDING INSTITUTION \_\_\_\_\_

DESCRIPTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

DEED LOCATION \_\_\_\_\_

DEED HOLDING INSTITUTION \_\_\_\_\_

### FINANCIAL ASSETS:

TYPE/DESCRIPTION \_\_\_\_\_

LOCATION \_\_\_\_\_

COMPANY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

PERSONAL BEQUESTS \_\_\_\_\_

### OTHER LOAN INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_

## ONLINE PROFILES

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

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

## THE DIGNITY® DIFFERENCE

*Celebrating each life like no other.*



Dignity Memorial® professionals are committed to providing a superior customer experience. In addition to celebrating each life with highly personalized send-offs, there are many unique benefits and services that only your Dignity Memorial providers can offer.

### BEREAVEMENT TRAVEL ASSISTANCE

Our nationwide network allows us to partner with global experts who will assist you and your family with time-sensitive travel arrangements. The benefit to you is clear: providing the best available options so that you can be with those who mean so much when it matters most.

### CHILD & GRANDCHILD COVERAGE

If you have a Dignity Memorial plan and suffer the loss of a child or grandchild, we will provide complimentary funeral or cremation services up to the same level as your plan through any Dignity Memorial provider nationwide.

Subject to terms and conditions, including that the child or grandchild must be under the age of 21 and unmarried. Not available in MD.

### THE COMPASSION HELPLINE®

The Compassion Helpline offers families unlimited complimentary phone access to professional grief counselors for 13 months after services are provided by any Dignity Memorial provider throughout North America. In addition, anyone who attends a visitation, chapel or memorial service will have three months access to the Compassion Helpline.

Services provided by Charles Nechtem Associates, Inc.

### DIGNITY MEMORIAL GUIDANCE SERIES®

Losing someone close to you and the accompanying grief can be hard to comprehend. Our Guidance Series, a grief management resource library, was developed to support and comfort anyone dealing with these complex emotions.

### FAMILY PROTECTION PLAN

Should you pass away before your purchased cemetery property is paid for, our Family Protection Plan ensures that any remaining balance due to the cemetery will be waived and will not be your family's responsibility.

Some restrictions may apply.

### NATIONAL PLAN TRANSFERABILITY

When you have a plan with a Dignity Memorial provider and move more than 75 miles away, your prearranged funeral services are fully transferable and will be honored by any of the more than 2,000 Dignity Memorial providers in North America.

### PERSONAL PLANNING GUIDE

The Dignity Memorial Personal Planning Guide is a valuable tool to help you organize vital end-of-life information. It takes you through the planning process step by step and lets you record your final wishes, personal affairs, family heritage, military history, estate information and more into a single, centralized document.

### TRANSPORTATION & RELOCATION PROTECTION PLAN

The unexpected death of a loved one can be startling and emotionally difficult to navigate. When that person is far away, it can add an additional layer of stress. When this option is selected, with just one phone call, our professionals will take care of all the necessary details to bring your loved one home so that you can focus on honoring their memory.

Program services offered by Medical Air Services Association, Inc. and its affiliates. Not available in KY, NY and SC.

### 100% DIGNITY SERVICE GUARANTEE

The Dignity Memorial network is the only family of funeral homes and cemeteries that measures the voice of every customer through our customer satisfaction program, administered by J.D. Power and Associates. We are fully committed to service beyond expectation and if there is anything we can do to better serve you before, during or after the service, let us know and we will act on it immediately.

## FINAL ARRANGEMENT COMPLETION

*This check sheet is designed to help you and your family have an understanding of which specific arrangements you have already made and what arrangements are yet to be taken care of.*

It is important to update this document each time add-on arrangements are completed. Your funeral/cemetery professional will initial each part of the arrangement that you complete. If you choose to cancel payment for specific arrangements, those arrangements will cease to be in effect and will have to be arranged on a pre-need basis to be active, or arranged at the time of need.



### GENERAL PRICE LIST



#### INTERMENT RIGHTS

- Mausoleum
- Niche
- Lawn Crypt
- Ground Burial
- Cremation Garden

DATE SELECTED

\_\_\_ / \_\_\_ / \_\_\_



#### PERSONAL PREFERENCES

- Flowers
- Music/Readings
- Additional

\_\_\_ / \_\_\_ / \_\_\_

DATE SELECTED



#### OUTER BURIAL CONTAINER

DATE SELECTED

\_\_\_ / \_\_\_ / \_\_\_



#### TRANSPORTATION & RELOCATION PROTECTION PLAN

DATE SELECTED

\_\_\_ / \_\_\_ / \_\_\_



#### MEMORIALIZATION

DATE SELECTED

\_\_\_ / \_\_\_ / \_\_\_



#### CASKET/URN

DATE SELECTED

\_\_\_ / \_\_\_ / \_\_\_



#### CEMETERY/SERVICE FEES

DATE SELECTED

\_\_\_ / \_\_\_ / \_\_\_



#### FUNERAL/MEMORIAL SERVICE

DATE SELECTED

\_\_\_ / \_\_\_ / \_\_\_



**SHARE YOUR PLAN**  
*with those closest to you.*

It's important to let those closest to you know that you've recorded your final wishes and personal information. Keep your completed planner in a safe but familiar place and let others know where it is located.





TO MY  
*loved ones.*

It's my wish that my final good-bye is a reflection of all I have been and loved. This planner includes personal information and details concerning my final arrangements. Please know that it was thoughtfully prepared with you in mind. I hope these pages will relieve you of some unnecessary stress and guesswork at the time of my death.

I also hope these pages serve as a lasting memory of my life.

To my cherished family and dear friends, I leave these thoughts and my love.

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SIGNATURE

DATE





## ASSISTING FAMILY AND FRIENDS

*If you have friends or family members who you believe might find this planner helpful,  
please record their contact information here.*

NAME OF RELATIVE/FRIEND

PHONE NUMBER OF CHILDREN

ADDRESS

CITY ST ZIP

RELATIONSHIP

FRIEND

SUGGESTED BY

NAME OF RELATIVE/FRIEND

PHONE NUMBER OF CHILDREN

ADDRESS

CITY ST ZIP

RELATIONSHIP

FRIEND

SUGGESTED BY

NAME OF RELATIVE/FRIEND

PHONE NUMBER OF CHILDREN

ADDRESS

CITY ST ZIP

RELATIONSHIP

FRIEND

SUGGESTED BY

NAME OF RELATIVE/FRIEND

PHONE NUMBER OF CHILDREN

ADDRESS

CITY ST ZIP

RELATIONSHIP

FRIEND

SUGGESTED BY

NAME OF RELATIVE/FRIEND

PHONE NUMBER OF CHILDREN

ADDRESS

CITY ST ZIP

RELATIONSHIP

FRIEND

SUGGESTED BY

NAME OF RELATIVE/FRIEND

PHONE NUMBER OF CHILDREN

ADDRESS

CITY ST ZIP

RELATIONSHIP

FRIEND

SUGGESTED BY





Dignity<sup>®</sup>  
MEMORIAL

∞ LIFE WELL CELEBRATED<sup>®</sup> ∞

1-800-DIGNITY  
(1-800-344-6489)

[DignityMemorial.com](http://DignityMemorial.com)