



MEMORIAL PLANNING GUIDE

Wise planning
will help ease the
burden of decisions
at a difficult time.

Dear Valued Customer,

Planning a funeral or a memorial service can be a difficult task for loved ones. It involves many details and requires decisions to be made at a very stressful time. These events must take into account many factors, including religious requirements, emotional needs and financial realities.

This Memorial Planning Guide has been prepared for you so you can assist your family by providing information they will need after you are gone.

Prepared by _____

Date _____

FINAL ARRANGEMENTS & REQUESTS

NOTES

Arrangements have been made with the funeral director. Yes No
 Final arrangements have been pre-paid. Yes No
 Location of papers _____

Disposition Earth Burial Cremation / Interment ___
 Mausoleum Entombment Other

Deed to Cemetery Property Yes No

In Name Of _____ Location _____

Grave Marker Description _____

Grave Marker Engraving _____

Funeral Home & Director _____

Address _____
Address Telephone #

Visitation & Service Open Closed

Service to be held at Church Funeral Home
 Home Graveside

Type of Casket _____
Metal / Wood / Fiberglass Interior Color Exterior Color

Outside Vault or Case _____

Preferences

Use Clothing from Current Wardrobe Yes No

Description of Clothing Requested _____

Jewelry: Leave On For... **Viewing** Yes No **Burial** Yes No

Glasses: Leave On For... **Viewing** Yes No **Burial** Yes No

FINAL ARRANGEMENTS & REQUESTS

NOTES

Person(s) to Coordinate Final Arrangements (Executor(s) of my Estate)

Name Address Telephone #

Name Address Telephone #

Clergy / Spiritual Advisor

Name Address Telephone #

Special Speakers (previous clergy, friend, relative, etc.)

Name Address Telephone #

Pallbearers

Name Address Telephone #

Name Address Telephone #

Name Address Telephone #

Name Address Telephone #

Name Address Telephone #

Name Address Telephone #

Name Address Telephone #

Vertical column of horizontal lines for notes.

FINAL ARRANGEMENTS & REQUESTS

NOTES

Honorary Pallbearers

Name	Address	Telephone #
------	---------	-------------

Name	Address	Telephone #
------	---------	-------------

Name	Address	Telephone #
------	---------	-------------

Name	Address	Telephone #
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Special Requests

Musician(s) _____

Vocalist(s), Choir, Ensemble _____

Favorite Hymn(s) / Music _____

Favorite Passage from Scripture or other Literature _____

Participating Organization _____

Military, Fraternal or Organization

Photo(s) for Display _____

Donations Can be Made to the Following Organization(s) _____

Other Requests _____

OBITUARY INFORMATION FOR NEWSPAPERS

NOTES

Full Name _____
(Including Maiden Name if Applicable)

Date of Birth _____ Place _____

Education _____

Married to _____ Date _____

Place _____

Religion _____

Military Record _____

Employment _____

Other Information _____

Surviving Relatives (Name & Relationship) _____

Preceded in Death by (Name & Relationship) _____

Newspaper(s)

Name Address Telephone #

Name Address Telephone #

Notes section with 20 horizontal lines for writing.

DOCUMENTS, RECORDS & CERTIFICATES

NOTES

Location and account numbers (where appropriate), of important papers

Last Will and Testament _____

Cemetery Deed _____

Safe Deposit Box _____

Social Security Card _____

Passport _____

Adoption Papers _____

Bank Account(s) _____

Credit Union Account(s) _____

Checkbook(s) _____

Debit / Credit Card(s) _____

Real Estate Deed(s) _____

Birth Certificate _____

Marriage Certificate _____

Separation / Divorce Papers _____

Living Will _____

Durable Power of Attorney _____

Revocable Living Trust _____

Trust Documents _____

DOCUMENTS, RECORDS & CERTIFICATES

NOTES

Stocks _____

Bonds _____

Certificate(s) of Deposit (CDs) _____

Negotiable Instruments _____

Contractual Agreements _____

Promissory Note(s) _____

Vehicle Title and Registration _____

Income Tax Records _____

Property Tax Records _____

Pension / Retirement Information _____

Employee Benefits Account(s) _____

Record of Debts (loan, mortgage, credit cards) _____

Other _____

Notes section with 15 horizontal lines for writing.

NOTES

Lined area for taking notes, consisting of 20 horizontal lines on a light gray background.

Company, policy number and location of insurance policies.

Company	Policy Number	Location of Policy
Life Insurance:		
Health Insurance:		
Disability Insurance:		
Annuities:		
Renters/Homeowners Insurance:		
Automobile Insurance:		
Other Insurance:		

NOTES

Suggested list that may help your loved ones with final arrangements.

Contact

- | | |
|--|---|
| <input type="checkbox"/> Doctor or Coroner | <input type="checkbox"/> Family and Friends |
| <input type="checkbox"/> Funeral Director | <input type="checkbox"/> Employer and Co-workers |
| <input type="checkbox"/> Cemetery or Memorial Park | <input type="checkbox"/> Organist and/or Vocalist(s) |
| <input type="checkbox"/> Place of Worship/Clergy | <input type="checkbox"/> Pallbearers |
| <input type="checkbox"/> Newspaper(s) | <input type="checkbox"/> Union or Fraternal Organizations |

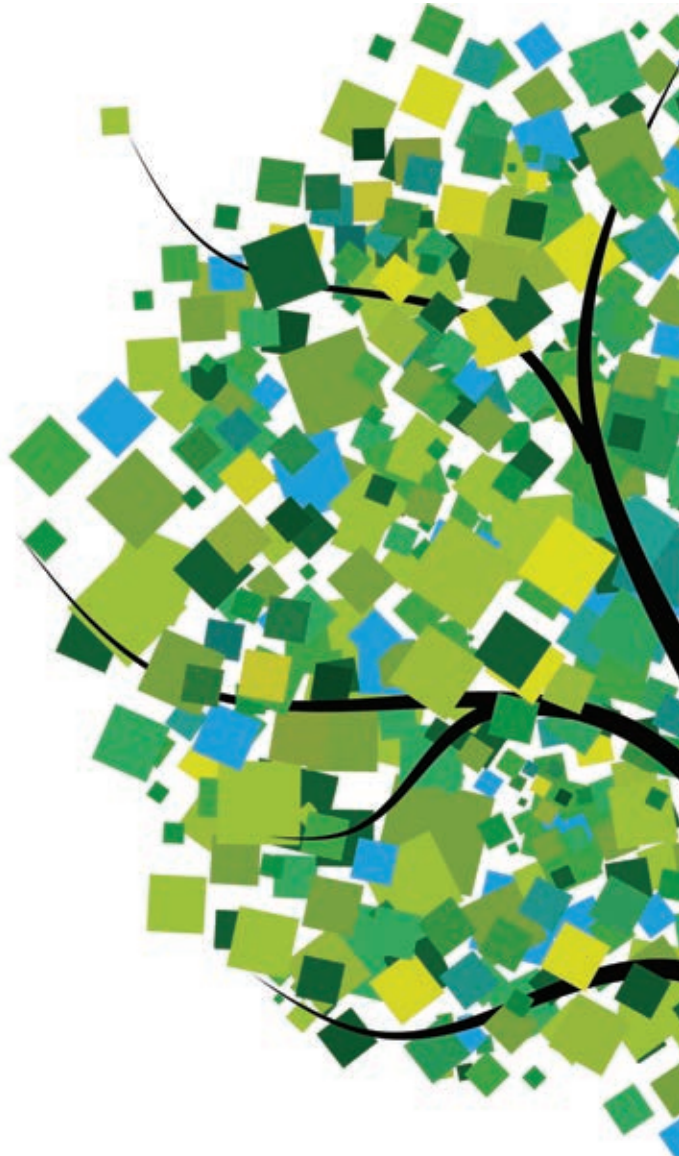
Choose

- | | |
|--|--|
| <input type="checkbox"/> Time and Place of Service | <input type="checkbox"/> Casket Spray / Pall |
| <input type="checkbox"/> Memorial Estate and Plot | <input type="checkbox"/> Music |
| <input type="checkbox"/> Casket | <input type="checkbox"/> Grave Marker |
| <input type="checkbox"/> Vault or Outer Case | <input type="checkbox"/> Food |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Funeral Car List |
| <input type="checkbox"/> Blanket or Robe | <input type="checkbox"/> Thank You Cards |
| <input type="checkbox"/> Flowers | |

Arrange for payment of final expenses

- | | | |
|---|--|--|
| <input type="checkbox"/> Physician(s) | <input type="checkbox"/> Nursing Care | <input type="checkbox"/> Medical Facility |
| <input type="checkbox"/> Prescriptions | <input type="checkbox"/> Funeral / Service | <input type="checkbox"/> Cemetery Plot |
| <input type="checkbox"/> Interment Services | <input type="checkbox"/> Clergy | <input type="checkbox"/> Death Certificate |
| <input type="checkbox"/> Florist | <input type="checkbox"/> Clothing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Music | <input type="checkbox"/> Food | <input type="checkbox"/> Memorials |





www.aig.com/lifeinsurance



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