

MEMORIALI 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	
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Date	

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PERSONAL HISTORY

·ull Name _			
	en Name if Applicable)		
Present Addre	ess	Street	
		Street	
	City	State	 Zip
	,		·
Birthplace		Birthdate State	
	City / County	State	Month / Day / Year
_			
Occupation	Employer's No	т	pe of Business
	Employer's 140	ame iy	pe or business
Loc	cation	Years of Service	Retirement Date
Social Securi	ty Number		
Education			
	School	Degree	Date of Completion
	School		D 1 (C 1
	School	Degree	Date of Completion
Militan / Cani	00		
ivilliary servi	ce Branch	Date of Entry	Rank
		,	•
	Serial Number	Station	Date of Discharge
	Lo	cation of Discharge Papers	
Achievements	s, Interests and Orga	nizations	

Widowed

	Marital Status (circle one)	Single	Married	Divorced
	Spouse Full Name_ (Including Maiden Name if Application	able)		
	Wedding Date and Location	١		
	Father's Full Name			
	Mother's Full Name(Including Maiden Name)			
	Brothers / Sisters			
	Name	Address		Telephone #
	Name	Address		Telephone #
	Name	Address		Telephone #
	Name	Address		Telephone #
	Name	Address		Telephone #
	Children			
	Name	Address		Telephone #
	Name	Address		Telephone #
-	Name	Address		Telephone #
	Name	Address		Telephone #
	Name	Address		Telephone #

FAMILY

Name

NOTES

Grandchildren

Address

Name	Address	Telephone #
Name	Address	Telephone #
Name	Address	Telephone #
Name	Address	Telephone #
N	Address	Telephone #
Name	Address	ielepnone #
Name	Address	Telephone #
	,	lolophone #
Name	Address	Telephone #
Other Family I	Members and Friends	
Name	Address	Telephone #
Name	Address	Telephone #
Name	Address	Telephone #
Name	Address	Telephone #
rame	Address	ieiepnone #
Name	Address	Telephone #
	,	iotophone ii

Telephone #

FINAL ARRANGEMENTS & REQUESTS

☐ Yes ☐ No

■ No

□No

■ No

NOTES

Disposition		Final arrangements have been pre-paid. Location of papers			☐ Yes ☐ N		
In Name Of Location	Disposition				/Interme	ent	
Grave Marker Description Grave Marker Engraving Funeral Home & Director Address Address Address Telephone # Visitation & Service	Deed to C	Cemetery Property 🖵 Yes	, D No				
Funeral Home & Director	In Name (Of	Locatio	on			
Funeral Home & Director	Grave Mo	arker Description					
Address Telephone # Visitation & Service	Grave Mo	arker Engraving					
Visitation & Service		ome & Director					
Visitation & Service							
Service to be held at		Address			Telepho	one #	
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	- Visitation &	₹ Service	Open	☐ Closed			
Outside Vault or Case Preferences Use Clothing from Current Wardrobe Yes No Description of Clothing Requested Yes No Jewelry: Leave On For Viewing Yes No Burial Yes	Service to						
Preferences Use Clothing from Current Wardrobe ☐ Yes ☐ No Description of Clothing Requested	Type of Co	asket Metal / Wood /	['] Fiberglass	Interior Color	Ex	terior Color	
Preferences Use Clothing from Current Wardrobe ☐ Yes ☐ No Description of Clothing Requested	Outside V	ault or Case					
Glasses: Leave On For Viewina □ Yes □ No Burial □ Yes □	Use Cloth Descriptio	ing from Current Wardrob					
Oldsses, leave Olliol Viewilla a les alivo bulla a les a	Glassos: I	ogyo On For Via	wing Dyos	DING R	urial 🗆	Vos DN	

Arrangements have been made with the funeral director.

FINAL ARRANGEMENTS & REQUESTS

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

• •	•	,
Name	Address	Telephone #
Name	Address	Telephone #
Clergy / Spiritu	al Advisor	
Name	Address	Telephone #
Special Speake	rs (previous clergy, frien	d, relative, etc.)
Name	Address	Telephone #
Pallbearers		
Name	Address	Telephone #
 Name	Address	Telephone #
Name	Address	Telephone #
 Name	Address	Telephone #

FINAL ARRANGEMENTS & REQUESTS

Honorary Pallbearers	S	
Name	Address	Telephone #
Special Requests		
Musician(s)		
Vocalist(s), Choir, Ensemble	e	
Favorite Hymn(s) / Music		
·		
Participating Organization		
, , ,	Militar	ry, Fraternal or Organization
Photo(s) for Display		
Donations Can be Made t	o the Following Orgar	nization(s)
Other Requests		
	Name Name Name Special Requests Musician(s) Vocalist(s), Choir, Ensemble Favorite Hymn(s) / Music Favorite Passage from Scrip Participating Organization Photo(s) for Display Donations Can be Made t	Name Address Name Address Name Address Special Requests Musician(s) Vocalist(s), Choir, Ensemble Favorite Hymn(s) / Music Favorite Passage from Scripture or other Literature Participating Organization

OBITUARY INFORMATION FOR NEWSPAPERS

Full Name (Including Maiden Nan				
			_	
		Date	_	
Military Record			- 1	-
Employment			-	
Other Information			- 1	
Surviving Relatives	(Name & Relationship)		_	
			_	-
			_	
Preceded in Death	by (Name & Relationship)		_	
			_	
Newspaper(s)			_	
itewspaper(s)				
Name	Address	Telephone #	_	
Name	Address	Telephone #	_	
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DOCUMENTS, RECORDS & CERTIFICATES

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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

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 (Ioan, mortgage, credit cards)	
Other	

Company	Policy Number	Location of Policy
Life Insurance:		
Health Insurance:		
Disability Insurance:	:	
Annuities:		_
Renters/Homeowne		
remers/ i iomeowiii	ers insurdrice. 	
Automobile Insuranc	ce:	
Other Insurance:		

CONTACTS

Primary Physician:

Name	Address	Telephone #
Other Physician(s):		
Name	Address	Telephone #
Name	Address	Telephone #
Name	Address	Telephone #
	/ ladiess	тетернопе п
Attorney:		
Name	Address	Telephone #
Accountant / CPA:		'
Accounting CIA.		
Name	Address	Telephone #
Insurance Agent(s):		
Name	Address	Telephone #
Name	Address	Telephone #
Investment Advisor:		
Name	Address	Telephone #
Banker:		
Name Other:	Address	Telephone #
•		
Name	Address	Telephone #

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ones with final arre	may help your loved angements.	
Contact		
☐ Doctor or Coroner	☐ Fam	ily and Friends
☐ Funeral Director	☐ Emp	bloyer and Co-workers
☐ Cemetery or Memor	ial Park 🔲 Org	ganist and/or Vocalist(s)
☐ Place of Worship/C	lergy 🖵 Pall	pearers
☐ Newspaper(s)	☐ Uni	on or Fraternal Organizations
Choose		
☐ Time and Place of Se	ervice 🖵 Cas	ket Spray / Pall
☐ Memorial Estate and	l Plot	sic
□ Casket	☐ Gro	ive Marker
☐ Vault or Outer Case	☐ Foo	d
☐ Clothing	☐ Fun	eral Car List
☐ Blanket or Robe	☐ Tha	nk You Cards
☐ Flowers		
Arrange for payme	ent of final expenses	
☐ Physician(s)	■ Nursing Care	☐ Medical Facility
☐ Prescriptions	☐ Funeral / Service	☐ Cemetery Plot
☐ Interment Services	☐ Clergy	☐ Death Certificate
☐ Florist	□ Clothing	☐ Transportation
■ Music	☐ Food	■ Memorials



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