

*My Life
My Wishes*



*My Funeral
Planning Guide*

My Background

Full Name:

Street Address:

State:

Zip:

Social Security Number:

Date of Birth:

Place of Birth:

Sex:

Occupation:

Employer:

Business:

Years Employed:

Military Serial or Regimental Number:

Rank:

Places and Dates of Service:

War Record:

Education:

Titles / Designations:

Club / Lodge Memberships:

Volunteer Associations:

Marital Status:

Maiden Name:

Name of Spouse:

Date of Marriage:

Father's Name:

Father's Place of Birth:

Mother's Maiden Name:

Mother's Place of Birth:

My Family

My Children

Special Instructions:

My Siblings

Special Instructions:

My Extended Family

Special Instructions:

My Special Friends

Special Instructions:

My Pets

Special Instructions:

My Life

My Accomplishments

My Favorite Memories

My Religious Affiliation / My Church

My Organizations / Clubs

My Hobbies and Interests

My Favorite Writings, Scriptures, Music

My Memorial Service Should Express

My Wishes

Preferred Funeral Home:

Place of Service:

Type of Service:

Special Requests:

Clergy / Layperson:

Reading / Scripture Selections:

Music:

Flowers:

Lodge, Society or Organization Present:

Veteran's Flag - Folded or Draped:

Clothing:

Jewelry / Glasses:

Casket - Wood, Copper, Bronze or Steel:

Open or Closed Casket:

Outer Burial Container - Copper, Bronze, Steel or Concrete:

Pallbearers:

Urn - Bronze, Wood, Marble or Other:

Memorial Service Prior to or After Cremation:

Memorial Service With or Without Cremated Remains:

Disposition of Cremated Remains:

Cemetery Name and Telephone:

Memorial Service at Cemetery:

Burial / Mausoleum / Lawn Crypt Space:

Alternative Disposition:

Monument Type:

Material:

Size / Specifications:

Inscription:

My Important Documents

Will and Testament

Location: _____

Attorney: _____

Special Instructions: _____

Insurance Policies

Location: _____

Insurance Company: _____ *Policy/Certificate Number:* _____ *Benefit Amount:* _____ *Purpose:* _____

Social Security Benefits

Location: _____

Details: _____

Military Records / Veteran's Benefits

Location: _____

Details: _____

401K / Retirement Benefits

Company: _____ *Contact:* _____

Safe Deposit Box

Location: _____ *Keys:* _____

Contents: _____

My Important Documents

Bank Accounts

Location of Bank Statements:

Bank Name/Address: Account Number: Type of Account: Name(s) on Account:

Stocks, Bonds, Mutual Funds

Location:

Details:

Miscellaneous Assets

Location:

Details:

Deeds / Mortgages

Location:

Details:

Automobile Titles / Records

Location:

Details:

Tax Returns and Records

Location:

Details:



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800-423-9765

For Consumer Use.

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