

# Memorial Planning

A Personal Guide



Compliments of:

**Western Catholic Union**  
A Fraternal Benefit Society

# **To My Family and Friends**

I am aware of the emotional upset and confusion one may experience at a time such as this. So that I may spare you any additional unrest, I have prepared this booklet to help you with the planning and decision making that must be done.

Within these pages I have outlined my final wishes, specified the arrangements that should be made, and provided a list of those who should be informed of my passing.

I have also provided a detailed list of all legal and financial information that will be needed when settling my estate. By providing this information, I hope I have somewhat lessened the difficulties you will face upon my passing.

In my passing, I hold nothing dear but fond memories of the time spent with family and friends. It is my final wish that you cherish these memories and keep them. And with every smile, I will again be with you.

Life Insurance, Annuities & Medicare Supplements  
Western Catholic Union  
A Fraternal Life Insurance Society  
510 Maine Street, Quincy, IL 62301 • (217) 223-9721 • WCULife.org

## **Instructions for this document**

This document was created in PDF fillable format. Throughout this document you will see empty text areas next to questions that need to be answered. For each of these areas, we request that you insert your response by clicking after the prompt and typing your information.

Simply proceed through this document, saving your changes often to your computer or device.  
Thank you!

# Personal Information

Name: \_\_\_\_\_

Birthdate / Birthplace: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status / Date Married / Location: \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name Power of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer(s): \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Retired: \_\_\_\_\_



# Family Information

Father – Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother – Name: \_\_\_\_\_

Mother Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father-In-Law – Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother-In-Law – Name: \_\_\_\_\_

Mother-In-Law’s Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Living Grandparents: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Living Great Grandparents: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Living Aunts / Uncles / etc: \_\_\_\_\_

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

# Family Information

(Deceased Family Information)

Name / Relationship: \_\_\_\_\_

City / State: \_\_\_\_\_

# Living Family Information

List children's names (If married, list spouse's name and grandchildren's names)

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grandchildren: \_\_\_\_\_

# Living Family Information

List children's names (If married, list spouse's name and grandchildren's names)

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grandchildren: \_\_\_\_\_

# Funeral Requests

Funeral Director / Funeral Home: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I desire that my funeral be (public or private): \_\_\_\_\_

I desire that my service be held at (funeral home, church, private home, other): \_\_\_\_\_

Church: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Clergyman: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cemetery: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Number of Certified Death Certificates: \_\_\_\_\_

(One for each insurance policy and investment. Refer to back pages)

## Special Service Requests

Favorite Hymns: \_\_\_\_\_

Favorite Scripture / Verse(s): \_\_\_\_\_

Clothing to be worn: \_\_\_\_\_

Flowers or Arrangements: \_\_\_\_\_

Donations can be made to the following organizations: \_\_\_\_\_

I request that my expenses for a casket and Mortuary Service to total approximately: \$\_\_\_\_\_

and to consist of a:

Cloth Covered Casket (moderate cost)

Metal Casket (average selection)

Rental Casket if available (cremation)

Metal Sealer Casket (finest protection)

Mortuary Service usually includes:

Charges of first call at hospital or home     Preservation and preparation

Use of funeral coach/director                       Automobile for family and pallbearers

Use of mortuary chapel for service and music

I would prefer:

Earth Burial Cremation/Inurnment

Give cremated remains to family for future inurnment

Please use cremation urn provided by funeral home

Please use cremation urn provided by family

Mausoleum/Entombment

Other: \_\_\_\_\_

# Pallbearers

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alternate Name: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alternate Name: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

# Notification

By providing the names and addresses of people who are significant in my life,  
I would like to ensure that the following people will be notified first of my death.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

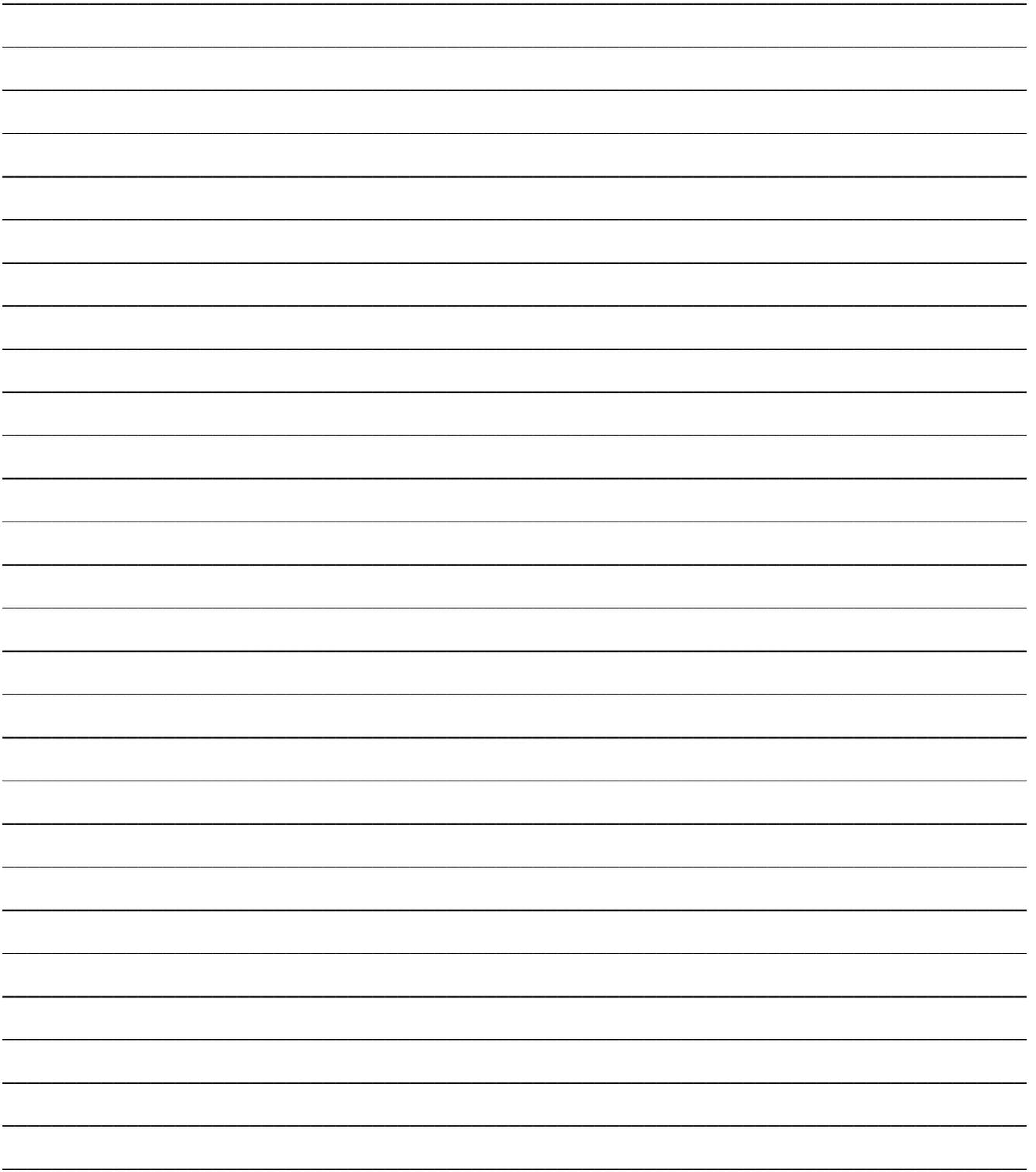
Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_





## Legal Documents—Locations, Where Kept

(Location of papers and documents, contact name and company)

Name of Power of Attorney for Property: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Estate Executor: \_\_\_\_\_

Name of Co-Executor: \_\_\_\_\_

Last Will and Testament: \_\_\_\_\_

Attorney to Handle Estate Process: \_\_\_\_\_

Trust Document Information: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Marriage Certificate: \_\_\_\_\_

Securities Broker Acct. #: \_\_\_\_\_

Securities Broker Acct. #: \_\_\_\_\_

Military Records: \_\_\_\_\_

Passport: \_\_\_\_\_

Mortgage Papers: \_\_\_\_\_

Lender Name: \_\_\_\_\_

Lender Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Deed to House: \_\_\_\_\_

Car Title or Loans: \_\_\_\_\_

Income Tax Information: \_\_\_\_\_

CPA/Accountant: \_\_\_\_\_



# Life, Health and Accidental Insurance Policies

(Record of life/health and accident insurance policies)

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Location: \_\_\_\_\_

Name of Agent / Address / Phone: \_\_\_\_\_

\_\_\_\_\_

Name of Beneficiary / Address / Phone: \_\_\_\_\_

\_\_\_\_\_

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Location: \_\_\_\_\_

Name of Agent / Address / Phone: \_\_\_\_\_

\_\_\_\_\_

Name of Beneficiary / Address / Phone: \_\_\_\_\_

\_\_\_\_\_

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Location: \_\_\_\_\_

Name of Agent / Address / Phone: \_\_\_\_\_

\_\_\_\_\_

Name of Beneficiary / Address / Phone: \_\_\_\_\_

\_\_\_\_\_

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

# Banking

(Record of checking/savings accounts)

## Checking Accounts:

Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Savings Accounts:

Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

# Investments

## IRA, CD's, 401(k), or Additional Investments:

Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

# Financial

## Credit Cards:

Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Where is the card located: \_\_\_\_\_

Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Where is the card located: \_\_\_\_\_

Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

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Account Number: \_\_\_\_\_

Contact Info: \_\_\_\_\_

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Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Info: \_\_\_\_\_

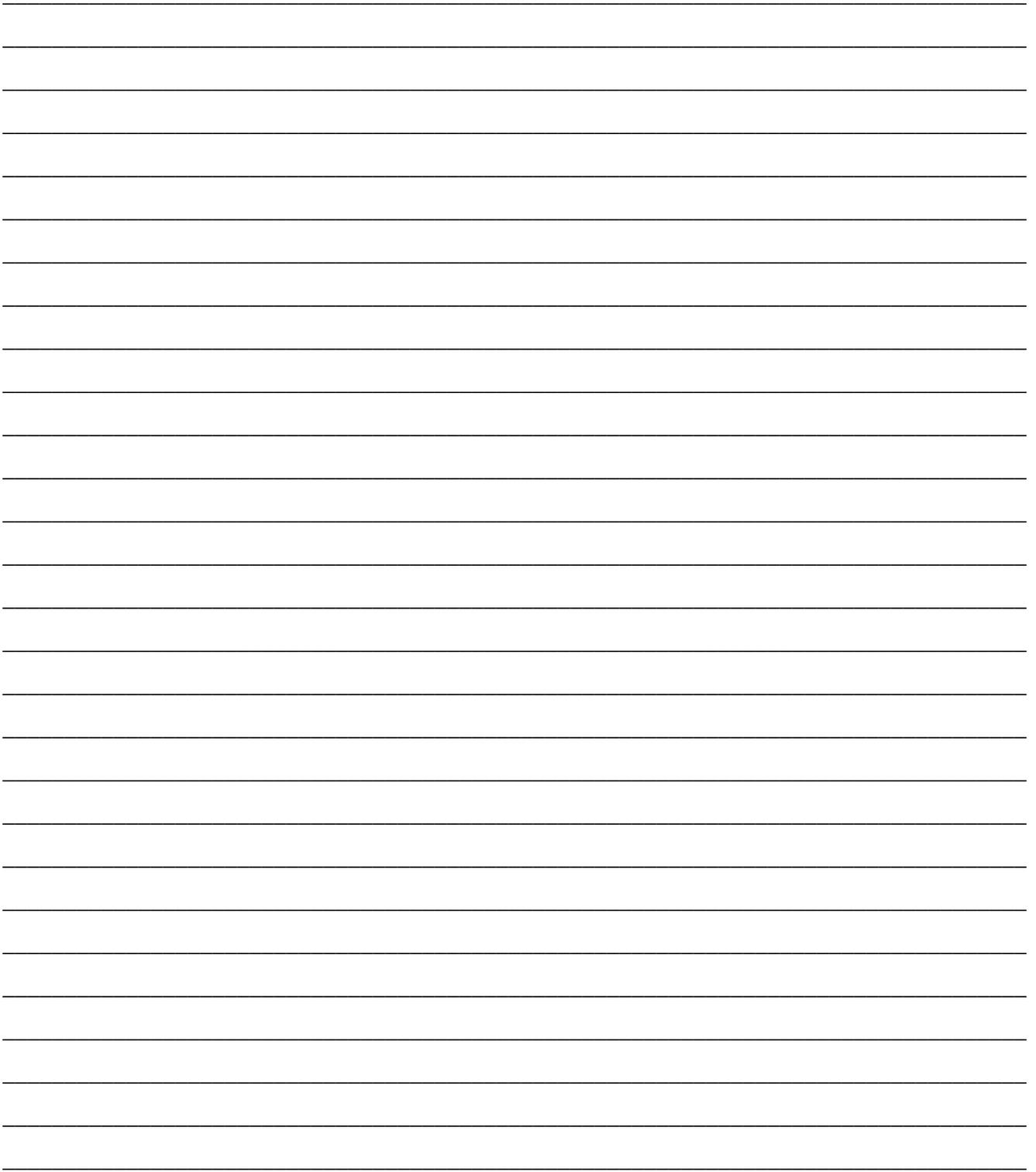
Where is the card located: \_\_\_\_\_

**Is your Spouse or Power of Attorney for Property an authorized user of your credit cards?** \_\_\_\_\_

(If not, they will NOT have any access to financial information, bill paying, etc. if the primary cardholder is deceased, unless they provide each lender with a copy of the Executed Power of Attorney for Property.)







**Please keep this Memorial Planning Guide in a safe place where your executor or family members can easily locate it at the time of your death.**

**This Memorial Planning Guide will help to assist them in carrying out your funeral plans and last wishes.**



Western Catholic Union

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