

ADVANCED PLANNING

My Preferences and Wishes to be Honored at the Time of My Death

Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Next of Kin, or Person in Charge:

Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

I would like the following to care for my body at death:

Funeral Home: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

*Burial / Disposition Wishes:

At _____ Cemetery

Section Number: _____ Lot Number: _____

Niche Number: _____ Grave Number: _____

Or, Mausoleum Number: _____

I would like to be CREMATED with my ashes buried at:

Funeral Home: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Or, returned to my family for later disposition. [Yes] [No] (Please circle one)

Other: _____

*Visitation / Gathering before and/or after Service:

Allow my family to choose a visitation/gathering time: [Yes] [No] (Please circle one)

I select a Visitation time just prior to funeral service: [Yes] [No] (Please circle one)

I select a Private Visitation for family and close friends only: [Yes] [No] (Please circle one)

I select No Visitation at all: [Yes] [No] (Please circle one)

*Advanced Funeral Account

I wish to establish an Advance Funeral Account to simplify and remove the complexity of financial burden for my family: [Yes] [No] (Please circle one)

***Merchandise: (Casket, Urns, Vaults)**

I select to have my casket, urn and/or vault to be similar in style/value to that of:

(Name of friend or family member)

***Incidental/Variable Service/Items: Expenses at Time of Need**

I select to have my expenses for the following items to be held at a minimum at the time of need:

Flowers, musicians, ministers, death certificates, cemetery charges for opening and closing, transportation, obituaries:
[Yes] [No] (Please circle one)

Or list other: _____

***Expressions of Sympathy**

I wish to leave expressions of sympathy open: [Yes] [No] (Please circle one)

I wish to have these expressions go to my family: [Yes] [No] (Please circle one)

I wish to have these expressions go to my favorite charity: [Yes] [No] (Please circle one)

***Other Information:**

Work History:

Company: _____

Job Title or Occupation: _____

Retired: [Yes] [No] (Please circle one)

***Religious Affiliation / Church Membership**

Name of church or temple: _____

***Civic and/or Professional Organization: (Please list below)**

***List of Living Family members I wish to be included in my obituary such as husband, wife, son, daughter, step-son, step-daughter, grandchildren, great grandchildren, daughter-in-law, son-in-laws, etc:**

Table with 2 columns: Name, Relationship. Multiple rows for listing family members.

***List of Deceased Family Members and relationships:**

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***Personal Information:**

Birthdate: (Month, Day, Year) _____

Place/Location of Birth:

Place or Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Veteran Discharge DD-214 Copy Provided: [Yes] [No] (Please circle one)

Branch of Service: _____

Occupational Title while in Service: _____

Active Member of KY Teachers Retirement System (KRTS): [Yes] [No] (Please circle one)

Active Member of KY State Employees Retirement System (KERS): [Yes] [No] (Please circle one)



Honoring the Life with People Serving People