

My Funeral Plan

Print your Full Name

Your Wife's Full Name

Address Line 1

Address Line 1 (If Different)

Address Line 2

Address Line 2 (If Different)

City, State, Zip

City, State, Zip (If Different)

Date of Birth

Date of Birth

Place of Birth

Place of Birth

U.S. Citizen _____ Yes _____ No

U.S. Citizen _____ Yes _____ No

Place of Marriage

Date of Marriage

Name of Father

Name of Father

Birthplace of Father

Birthplace of Father

Maiden Name of Mother

Maiden Name of Mother

Birthplace of Mother

Birthplace of Mother

Social Security Number

Social Security Number

Branch of Military Service

Branch of Military Service

Location of Veteran Discharge

Location of Veteran Discharge

DD214 or Serial Number

DD214 or Serial Number

Children's Information

Child 1 _____

Print Full Name

Hometown, Phone

Spouse's Name

____ # of Children ____ # of Grandchildren
____ # of G. Grand ____ # of G.G. Grand

Child 2 _____

Print Full Name

Hometown, Phone

Spouse's Name

____ # of Children ____ # of Grandchildren
____ # of G. Grand ____ # of G.G. Grand

Child 3 _____

Print Full Name

Hometown, Phone

Spouse's Name

____ # of Children ____ # of Grandchildren
____ # of G. Grand ____ # of G.G. Grand

Child 4 _____

Print Full Name

Hometown, Phone

Spouse's Name

____ # of Children ____ # of Grandchildren
____ # of G. Grand ____ # of G.G. Grand

Child 5 _____

Print Full Name

Hometown, Phone

Spouse's Name

____ # of Children ____ # of Grandchildren
____ # of G. Grand ____ # of G.G. Grand

Child 6 _____

Print Full Name

Hometown, Phone

Spouse's Name

____ # of Children ____ # of Grandchildren
____ # of G. Grand ____ # of G.G. Grand

Child 7 _____

Print Full Name

Hometown, Phone

Spouse's Name

____ # of Children ____ # of Grandchildren
____ # of G. Grand ____ # of G.G. Grand

Child 8 _____

Print Full Name

Hometown, Phone

Spouse's Name

____ # of Children ____ # of Grandchildren
____ # of G. Grand ____ # of G.G. Grand

Extended Family

Father's Date of Death and Location or Phone

Mother's Date of Death and Location or Phone

Sibling #1 Full Name

DOB: _____ Death: _____

Home Town, Phone

DOB: _____ Death: _____

Sibling #2 Full Name

DOB: _____ Death: _____

Home Town, Phone

DOB: _____ Death: _____

Sibling #3 Full Name

DOB: _____ Death: _____

Home Town, Phone

DOB: _____ Death: _____

Sibling #4 Full Name

DOB: _____ Death: _____

Home Town, Phone

DOB: _____ Death: _____

Sibling #5 Full Name

Home Town, Phone

Sibling #6 Full Name

Home Town, Phone

Sibling #7 Full Name

Home Town, Phone

Sibling #8 Full Name

Home Town, Phone

Employment History

Most recent place of Employment

Number of Years

Previous Place of Employment

Number of Years

Previous Place of Employment

Number of Years

Schools Attended (Elementary, Junior High, High, College, Technical, Specialty)

Name of School

Years and/or Degrees

Name of School

Years and/or Degrees

Name of School

Years and/or Degrees

Name of School

Years and/or Degrees

Name of School

Years and/or Degrees

Name of School

Years and/or Degrees

Non-Masonic Clubs, Fraternities, and Civic Organizations

Organization Name

Years, Offices Held, Honors

Organization Name

Years, Offices Held, Honors

Organization Name

Years, Offices Held, Honors

Organization Name

Years, Offices Held, Honors

Organization Name

Years, Offices Held, Honors

Organization Name

Years, Offices Held, Honors

Masonic History

Initial Lodge Name and Number

Initiated

Passed

Raised

Additional Lodge Memberships

Additional Lodge Memberships

Additional Lodge Memberships

Additional Lodge Memberships

Additional Lodge Memberships

Additional Lodge Memberships

Lodge, Office Held, Year

Lodge, Office Held, Year

Lodge, Office Held, Year

Lodge, Office Held, Year

Lodge, Office Held, Year

Lodge, Office Held, Year

Lodge, Office Held, Year

Lodge, Office Held, Year

Lodge, Office Held, Year

Lodge, Office Held, Year

Lodge, Office Held, Year

Lodge, Office Held, Year

Lodge, Special Honor, Year

Lodge, Special Honor, Year

Lodge, Special Honor, Year

Lodge, Special Honor, Year

Lodge, Special Honor, Year

Lodge, Special Honor, Year

Scottish Rite Consistory and Class Year

Scottish Rite KCCH Year

Scottish Rite 33rd Degree

Scottish Rite - Other

York Rite Chapter Royal Arch Masons

York Rite Excellent High Priest Year

Council Royal and Select Masters

ILL Master Year

Commandry Knights Templar

Commander Year

Grand Chapter Office Held

Grand High Priest Year

Grand Council Offices Held

Grand ILL Master Year

Grand Commandry Offices Held

Grand Commander Year

Other York Rite Honors and Memberships

KYCH, Knight Masons, Red Cross of Constantine, HRAKTP, AMD, Other

Shrine Unit Membership and Year

Shrine Unit Membership and Year

Shrine Office and Year

Shrine Office and Year

Shrine Office and Year

Shrine Office and Year

District Office and Year

District Office and Year

District Office and Year

District Office and Year

Grand Lodge Committee and Year

Grand Lodge Committee and Year

Grand Lodge Committee and Year

Grand Lodge Committee and Year

Grand Lodge Office and Year

Grand Lodge Office and Year

Grand Lodge Office and Year

Grand Lodge Office and Year

Grand Lodge Office and Year

Grand Lodge Office and Year

National Office or Other

National Office or Other

Other Masonic Bodies (Eastern Star, Amaranth, etc)

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Additional Items:

Location of Vital Items:

Bank Books

Check Books

Real Estate Deeds

Stocks and Bonds

Income Tax Returns

Receipts and Bank Statements

Military Discharge Certificate

Birth Certificate

Social Security Card

Marriage License

Citizenship Papers

Insurance Policies and Cards

Auto/Boat/RV/Cycle Titles

Burial Policy

Safety Deposit Boxes and Keys

Native American Tribal Card

Trust Documents

Important Business Papers

Location of Safe/Vault

Combination of Safe/Vault

Your Will

Location of Last Will

Attorney's Name and Phone Number

Executor's Name and Phone Number

Co-Executor's Name and Phone Number

Location of Living Will

Location of Advance Directives

For more information of Living Wills and Advance Directives contact:

National Hospice & Palliative Care

200 Varick Street

New York, NY 10014

800-989-9455

Items to consider in Advance Directives are:

- 1) Level of Care Options
- 2) Special needs including, but not limited to religious, disability, and mental issues

- 3) Physician/nursing/therapy instructions
- 4) Selection of acceptable treatment techniques
- 5) Person(s) designated to serve as “guardian” in the event of incapacity, which may include Power of Attorney

Organ Donation – This should be documented and witnessed.

Organ to be donated	Special restrictions
Organ to be donated	Special restrictions
Organ to be donated	Special restrictions
Organ to be donated	Special restrictions
Organ to be donated	Special restrictions
Organ to be donated	Special restrictions

Insurance – Life, Medical, Burial, Auto, Home, etc...

Name of Agency	Agent Name and Phone Number
Policy Number	Beneficiary (if Any) and Face Value (if Any)
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Name of Agency

Agent Name and Phone Number

Policy Number

Beneficiary (if Any) and Face Value (if Any)

Name of Agency

Agent Name and Phone Number

Policy Number

Beneficiary (if Any) and Face Value (if Any)

Bank Accounts and Investments

Brokerage Agency

Broker Name and Telephone Number

Brokerage Agency

Broker Name and Telephone Number

Brokerage Agency

Broker Name and Telephone Number

Savings Account Number

Institution and Location

Savings Account Number

Institution and Location

Savings Account Number

Institution and Location

Checking Account Number

Institution and Location

Checking Account Number

Institution and Location

Checking Account Number

Institution and Location

Other (Type and Account Number)

Institution and Location

Other (Type and Account Number)

Institution and Location

Other (Type and Account Number)

Institution and Location

Other (Type and Account Number)

Institution and Location

Other (Type and Account Number)

Trust Accounts

Institution and Location

Location of Trust Documents

Trust Lawyer and Phone

Trust Acct. # and Location

Trust Acct # and Location

Co-Trustee and Phone

Succeeding Trustee and Phone

Veteran's Benefits

If you do not have access to the internet, and/or are not comfortable in doing so, find someone who does and is, as there is a complete section of the VA's website dedicated to assistance for burial and survivor's benefits.

- 1) A burial and funeral expense allowance may be paid for deceased veterans who were, at the time of their death, entitled to receive pension or compensation.
- 2) The plot or interment allowance is no longer payable based solely on wartime service. Eligibility is limited to the same requirements as the burial and funeral expense allowance.
- 3) The monetary allowance in lieu of a government headstone or memorial has been eliminated. A government memorial to mark the grave of an eligible veteran may be furnished to the applicant
- 4) An American flag may be issued to drape the casket of an eligible veteran
- 5) There may be other Survivor Benefits for the spouse and dependent children that may be applicable.

There are financial advisors and attorneys in the greater OKC area who specialize in assisting with the final arrangements, and continuing benefits for surviving spouses and dependent children. Remember these parties are NOT doing this out of the goodness of their heart. They can be very helpful, but at a cost. However if you are uncomfortable or unwilling to pursue the matter yourself, they may be the best alternative for you. Filing the appropriate forms in the correct manner can make all the difference in the benefits you will receive.

Items to have with you:

- 1) Discharge Papers
- 2) Service Serial Number
- 3) Marriage License
- 4) Children's Birth Certificates of Dependent Children
- 5) Death Certificate

Social Security Benefits

It is important to review your Social Security records. If an error is not corrected within 39 months, short of an act of Congress, it is permanent. This can affect your payout. You should request a complete statement of your account every 3 years. To do so go to the Social Security website and download Form SSA-7004-SM (5-94). Fill it out completely and mail it to the address shown on the form.

Notifications (Check off when Notified)

Spouse _____ Phone _____

Children _____ Parents _____ Siblings _____

Lodge and Phone Number

Lodge and Phone Number

Other Masonic Body and Phone Number

Other Masonic Body and Phone Number

Friend and Phone

Friend and Phone

Friend and Phone

Friend and Phone

Friend and Phone

Friend and Phone

Pastor/Minister and Phone

Sunday School Class Leader and Phone

Church and Phone

Employer and Phone

Business Associates and Phone

Business Associates and Phone

Funeral Home and Phone

Funeral Director's Name (If Known)

Nursing Home and Phone

Independent/Assisted Living and Phone

Primary Care Doctor and Phone

Doctor and Phone

Doctor and Phone

Doctor and Phone

Civic Organizations and Phone

Civic Organizations and Phone

Health Club and Phone

Country Club, Social Organization and Phone

Funeral Arrangements

Type of Casket _____

Place of Service _____

Clergy/Person to Officiate _____

Eulogy _____ Yes _____ No - Performed by _____

Clothing _____

Flowers _____

Psalm or other Passages _____

Favorite Poem _____

Favorite Songs _____

Masonic Funeral _____ Yes _____ No, If Yes by who? _____
In Chapel or Gravesite _____

Rose Croix Funeral _____ Yes _____ No

Masonic Apron _____ None _____ Wearing _____ In Casket _____ Displayed

Masonic Ring, Jewelry, Hats, Other to be Worn _____

Masonic Ring, Jewelry, Hats, Other to be in casket _____

Wishes for the disposition of other Masonic items (Jewelry, Books, Aprons, etc)

Embalming _____ Glasses _____ Memorial Service _____

Viewing _____ If Yes, under what circumstances? _____

Relative or Friend who can assist or handle arrangements _____

Burial Property Location _____

Plot _____ Mausoleum _____ Monument _____ Marker _____

Cremation _____ Yes _____ No
If Yes – Cremation Garden _____ Columbarium Niches _____ Urn _____ Other _____

Ashes to be scattered _____ (Note*** Check State laws on disposal of Crematory remains – it tends to change from time to time)

Special Instructions _____

Special Traditions _____

Items to be placed in casket

Pallbearers

Alternate

Alternate

Flag on Casket ____ Yes ____ No Flag Displayed ____ Yes ____ No

Military Honors ____ Yes ____ No - Chapel or Gravesite _____

Favorite Picture to Display _____

Video Slide Show ____ Yes ____ No

Reception to Follow ____ Yes ____ No – Location _____

Eulogy

Obituary

Things to do and people to notify after the service and after you have Certificate of Death

- 1) Social Security Administration
- 2) Department of Motor Vehicles – Cancel Driver's License to prevent fraud
- 3) Veteran's Administration
- 4) Credit Card Companies
- 5) Insurance Companies – Life, Health, and Auto
- 6) Accountant – for estate final disposition
- 7) Auto Club
- 8) Broker/Investment Counselor - for estate final disposition
- 9) Dentist
- 10) Pharmacy
- 11) Voter Registration

Companies/Individuals to contact if there is no surviving spouse

- 1) Cable TV
- 2) Electric Company
- 3) Garbage Collection – if private
- 4) Gas Company
- 5) Heating/Air Systems – if on maintenance plan
- 6) Home Security
- 7) Emergency Alert Company (Life Alert, Life 1, First Alert, etc...)
- 8) Internet Provider
- 9) Lawn Care Provider
- 10) Pest Control
- 11) Phone Company – Land and Cell
- 12) Bottled Water Service
- 13) Water/Sewer
- 14) Newspaper and Magazine Cancellation
- 15) Storage Facility
- 16) Veterinarian – provisions for care of pets
- 17) Bank/Investment Institutes
- 18) US Postal Service

Please send additions or corrections to this document to jscott@cca-llc.net