

# *Your Personal Memorial Planning Guide*



*Provided by:*

**Government Personnel Mutual Life Insurance Co.**  
San Antonio, Texas

# First Things First

There are few subjects which we avoid discussing more than death. Most of us are particularly reluctant, if not uncomfortable, to think about our own death and its potential impact upon those we love.

Whether our loved ones face the future with hope and confidence at the time of our death is to a great degree affected by the planning we do well in advance of our death. Through a well-conceived life insurance program, our own savings and retirement funds, a well-constructed will, and our **communicated** wishes for final arrangements, we can ease many of the burdens our loved ones may face. This Memorial Planning Guide will assist you in completing your final arrangements now, as well as communicating your personal wishes. Your loved ones will not be left unprepared and uninformed. They can look forward with confidence and hope ...recognizing your deep confidence and love for them. Isn't it time for you to put first things first?

Your Memorial Planning Guide will encourage you to record vital family information... challenge you to think about your final arrangements... invite you to list the location of important documents... and identify, for your loved ones, who to notify at the time of your death.

# *a word to my loved ones*

Dear Family and Friends,

This is not an easy time for you. There will be many things for you to do in the days ahead. Information included in this Memorial Planning Guide will help you through it all.

In it you will find historical details about our family, people you can count on to help if asked, wishes for my funeral arrangements, and the location of various documents.

Hopefully these arrangements will prove satisfactory and help you remember our rich and wonderful time together.

With all my love,

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# additional *personal words* to my family & friends

Dear Ones,

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# Persons to Notify

*In the event of an emergency, please immediately notify the following people to arrange further details:*

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Tele.#** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Tele.#** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Tele.#** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Tele.#** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Tele.#** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Tele.#** \_\_\_\_\_

**OTHER FRIENDS AND RELATIVES TO BE NOTIFIED**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Tele.# \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Tele.# \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Tele.# \_\_\_\_\_

**ORGANIZATIONS TO BE NOTIFIED**

Name \_\_\_\_\_ Tele# \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Tele# \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Tele# \_\_\_\_\_

Address \_\_\_\_\_

# About My Family & Me

As of this date \_\_\_\_\_

My First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Birth Place: City/County/State/Country \_\_\_\_\_ Birth Date: Mo/Day/Year \_\_\_\_\_

Father Name \_\_\_\_\_ Birth Date: Mo/Day/Yr \_\_\_\_\_ Birth Place:City/County/State \_\_\_\_\_

Mother Maiden Name \_\_\_\_\_ Birth Date:Mo/Day/Yr \_\_\_\_\_ Birth Place:City/County/State \_\_\_\_\_

Year Established Current Residence \_\_\_\_\_ Location of Prior Residence \_\_\_\_\_

Social Security Number \_\_\_\_\_ Usual Occupation or from which Retired \_\_\_\_\_

Most Recent Employer \_\_\_\_\_

Marital Status :  Married  Single  Divorced  Widow(er)

Spouse Name (include Maiden name) \_\_\_\_\_ Birth Date: Mo/Day/Yr \_\_\_\_\_

Spouse Birth Place: City/County/State \_\_\_\_\_

Date & Location of Marriage \_\_\_\_\_

## ***If a Veteran, complete this information:***

Name of War \_\_\_\_\_ Service Branch \_\_\_\_\_

Military Service Number \_\_\_\_\_ Rank \_\_\_\_\_

Date Enlisted \_\_\_\_\_ Date Discharged \_\_\_\_\_ Location of Discharge Papers \_\_\_\_\_

# *More About My Family*

Children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grandchildren \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Of Interest to My Immediate Family

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Immediate Family Member to Contact	Relationship
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Address	City/State/Zip	Area Code & Telephone #
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Immediate Family Member to Contact	Relationship
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Address	City/State/Zip	Area Code & Telephone #
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### *Friends Who Will Assist the Family:*

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Name & Telephone Number	Name & Telephone Number
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Name & Telephone Number	Name & Telephone Number
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Name & Telephone Number	Name & Telephone Number
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Name & Telephone Number	Name & Telephone Number
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### *Please also contact these Key People immediately:*

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Funeral Director/Home	Address	Telephone #
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Attorney	Address	Telephone #
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Accountant	Address	Telephone #
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Family Physician	Address	Telephone #
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# My Personal Memorial Instructions

\_\_\_\_\_  
Name of Memorial Chapel/Church where Service is to be held

\_\_\_\_\_  
Church Denomination    My local Church/Address/City/State/Zip

Please contact     Minister     Priest     Rabbi

\_\_\_\_\_  
Name                                  Address/City/State/Zip/Area Code & Tel.#

\_\_\_\_\_  
Name of Participating Fraternal or Military Organization, if any

\_\_\_\_\_  
Name of Funeral Home/Director                                  Place of Interment

I prefer:     Vault                     Mausoleum             Ground Burial  
 Underground Vault                                   Cremation  
 Open Casket     Closed Casket  
    Embalming

\_\_\_\_\_  
Desired casket: Metal/Wood/Fiberglass    Exterior/Interior Colors

Description of Cemetery Property to Be Used \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Crypt or Space No.            Tier or Lot No.            Mausoleum or Lawn

\_\_\_\_\_  
Vault    Flower Container

\_\_\_\_\_  
Memorial Marker    Bronze/Granite/Other    Inscription/Emblem

\_\_\_\_\_  
Location of Cemetery Deed/Certificate of Ownership \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# More *Memorial* Instructions

Clothing: Use from Current Wardrobe?  Yes  No

Jewelry to Be Worn: \_\_\_\_\_

Jewelry Disposition:  Leave on  Remove and give to

\_\_\_\_\_  
Eyeglasses, if any:  Leave on  Remove and give to

\_\_\_\_\_  
Preference of Musical Selections \_\_\_\_\_

\_\_\_\_\_  
Soloist:  Yes  No Preferred Selections \_\_\_\_\_

Preferred Bible Passage or Prayer \_\_\_\_\_

\_\_\_\_\_  
Preference of Flowers (Type & Color) \_\_\_\_\_

Disposition of Flowers:  Rest Homes  Hospital  Church

\_\_\_\_\_

Donations in lieu of flowers \_\_\_\_\_

I suggest the following as Pallbearers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Important Documents

## *Location of the following Documents:*

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

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

Military Discharge \_\_\_\_\_

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

Children's Birth Certificates \_\_\_\_\_

Deeds and Titles \_\_\_\_\_

Mortgages and Notes \_\_\_\_\_

Income Tax Records \_\_\_\_\_

Other Documents \_\_\_\_\_

*Location of Safety Deposit Box & Keys* \_\_\_\_\_

Life Insurance \_\_\_\_\_ Company & Policy No.

Life Insurance \_\_\_\_\_ Company & Policy No.

Life Insurance \_\_\_\_\_ Company & Policy No.

Medical/Hospital Insurance \_\_\_\_\_ Company & Policy No.

Disability Insurance \_\_\_\_\_ Company & Policy No.

Long Term Care Insurance \_\_\_\_\_ Company & Policy No.

Automobile & Homeowner Insurance \_\_\_\_\_ Company & Policy No.

# To Help You Make Social Security & Veteran's Benefits Claims

Prior to making a claim for Social Security or Veteran's Benefits locate the following documents:

1. Certified Copies of Death Certificate
2. Certified Copies of Marriage or Termination of Marriage
3. Children's Birth Certificates
4. Deceased's & Survivor's Social Security Numbers
5. Proof of Widow(er)'s Age 62 or Older
6. W-2 or Schedule C Earnings Record from Preceding Year

## Social Security Benefits

The nearest Social Security Office is in \_\_\_\_\_  
City & State

Social Security may pay a small lump sum death benefit to assist with final expenses. The actual amount payable is determined by past earnings. A three month processing period is not unusual before Social Security Benefits actually begin. Your life insurance agent can be helpful in coordinating your life insurance needs with any Social Security Benefits to which your survivors may be entitled.

## Veteran's Benefits

The nearest Veteran's Administration Office is located in \_\_\_\_\_ (City & State). Veterans who, at the time of death, were entitled to a pension or compensation, died while hospitalized or living in a VA facility or other facility at VA expense, who were discharged or retired from service due to a disability incurred or aggravated in the line of duty, or who are indigent with no claim for their remains, may be entitled to payments for a burial plot and interment, funeral and burial, a burial flag, and/or a headstone or grave marker supplied by the VA.

# List of 50 Usual “First Things First”

*On the day a loved one dies, there are so many demands on the survivors. By pre-planning the final arrangements, the burden of these decisions can be eased. On this very difficult day, these are the usual “First Things First” that must be completed.*

## ***Notify these People:***

1. Physician or Coroner
2. Funeral Director
3. Cemetery/Memorial Park
4. Minister & Church
5. All Relatives
6. All Friends
7. Employers
8. Organist & Choir/Soloist
9. Pallbearers
10. Insurance Agents
11. Unions/Fraternal Organizations
12. Newspapers

## ***Select these Items:***

13. Memorial Space
14. Casket
15. Vault/Outer Case
16. Clothing
17. Blanket/Robe
18. Flowers
19. Music
20. Food for Memorial Luncheon
21. Seating for Memorial Luncheon
22. Time
23. Place
24. Transportation
25. Card of Thanks

## ***In addition you may be asked to:***

26. Provide vital statistics about the deceased
27. Prepare & sign necessary papers
28. Provide addresses for parties who must be notified
29. Answer sympathetic phone calls & messages
30. Meet & talk with family & friends about the details
31. Greet relatives & friends who visit your home
32. Provide lodging for out-of-town guests
33. Cleaning home prior to sympathy calls
34. Planning funeral car list

## ***And you must pay some or all of the following:***

35. Physician
36. Nurse
37. Hospital
38. Medicine & Drugs
39. Funeral
40. Cemetery Lot
41. Interment Service
42. Minister
43. Organist
44. Florist
45. Clothing
46. Transportation
47. Telephone/Telegraph
48. Food
49. Memorials
50. Family Memorial Estate

# A Word About GPM Life

Your Memorial Planning Guide is given to you as a courtesy by GPM Life Insurance Company. Since 1934, we have provided the life insurance and savings needs of thousands of policyholders. Professionally managed, financially strong, and staffed with warm, friendly people, GPM Life enjoys a reputation for caring and prompt service.

Take a few moments to collect your thoughts, record them in this Memorial Planning Guide, and remember to provide sufficient financial resources to pay for the plans you make. It's the right thing to do, and it's the loving thing to do.

If we may be of assistance, now or in the future, you may call on our courteous staff. Our Toll Free Number is 1-800-938-4765.



**Government Personnel Mutual Life Insurance Company**

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