

# My planning guide

Ensure your loved ones are well protected,  
well prepared, and well loved.



**BYRON**  
FUNERAL HOME  
& CREMATION SERVICES

# Personal history

By recording vital information and funeral preferences now, you ease the burden for your loved ones later.

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

Sex: Male  Female  Race: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's place of birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's place of birth: \_\_\_\_\_

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

In city since: \_\_\_\_\_ Moved from: \_\_\_\_\_ Year: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital status:  Married  Never married  Widowed  Divorced

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Spouse/Partner (maiden name, if applicable): \_\_\_\_\_

Education (highest grade completed): Secondary: \_\_\_\_\_ College: \_\_\_\_\_

School(s) attended/degree(s) earned: \_\_\_\_\_

Church/Lodges/Memberships: \_\_\_\_\_

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

Years in occupation: \_\_\_\_\_ Employer(s): \_\_\_\_\_

Hobbies: \_\_\_\_\_

Registered donor:  Yes  No

## ARMED FORCES

Branch of service: \_\_\_\_\_ Service number: \_\_\_\_\_

Date entered: \_\_\_\_\_ Place of entry: \_\_\_\_\_

Type of separation or discharge of service: \_\_\_\_\_ Date: \_\_\_\_\_

Place of discharge: \_\_\_\_\_

Location of military discharge papers (DD214): \_\_\_\_\_

Highest grade, rank, or rating received: \_\_\_\_\_

Wars/Conflicts served: \_\_\_\_\_

Medals/Honors/Citations/Additional information: \_\_\_\_\_

\_\_\_\_\_

# Children, close relatives, and friends

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Preceded in death by: \_\_\_\_\_

Number of grandchildren: \_\_\_\_\_ Number of great-grandchildren: \_\_\_\_\_

## LOCAL EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## PLEASE ALSO NOTIFY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

# Important information

Do you have a will or living trust?  Yes  No

Attorney who wrote the will or trust: \_\_\_\_\_

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

Do you have a living will?  Yes  No Location: \_\_\_\_\_

## FINANCIAL INFORMATION

### BANKING

Bank name/branch: \_\_\_\_\_

Type of account:  Checking  Savings

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Bank name/branch: \_\_\_\_\_

Type of account:  Checking  Savings

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Bank name/branch: \_\_\_\_\_

Type of account:  Checking  Savings

Username: \_\_\_\_\_ Password: \_\_\_\_\_

### CREDIT CARDS

Type (Visa/Mastercard): \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_ 3-digit code: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Type (Visa/Mastercard): \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_ 3-digit code: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Type (Visa/Mastercard): \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_ 3-digit code: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Type (Visa/Mastercard): \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_ 3-digit code: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

### MORTGAGE

Lender: \_\_\_\_\_ Account number: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

Lender: \_\_\_\_\_ Account number: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

## PENSION/RETIREMENT PLANS

Company: \_\_\_\_\_ Account number: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

Company: \_\_\_\_\_ Account number: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

Company: \_\_\_\_\_ Account number: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

## INSURANCE (HOME, HEALTH, LIFE, AUTO, ETC.)

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

Phone: \_\_\_\_\_ Policy number: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Policy number: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Policy number: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Policy number: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

## SOCIAL MEDIA PROFILES

Account name: \_\_\_\_\_ Website/App: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Account name: \_\_\_\_\_ Website/App: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Account name: \_\_\_\_\_ Website/App: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

## LOCATION OF IMPORTANT DOCUMENTS

Safe deposit box: \_\_\_\_\_ Box number: \_\_\_\_\_

Key(s) location: \_\_\_\_\_

Birth certificate: \_\_\_\_\_

Children's birth certificate(s): \_\_\_\_\_

Last will and testament: \_\_\_\_\_

Funeral and cemetery arrangement documents: \_\_\_\_\_

Real estate deeds: \_\_\_\_\_

Income tax records: \_\_\_\_\_

Auto registration/title(s): \_\_\_\_\_

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

# My preferences

This section enables you and your family to keep track of which arrangements have been made and which remain to be determined.

## MEMORIAL INSTRUCTIONS

Funeral home: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Officiant: \_\_\_\_\_ Phone: \_\_\_\_\_

Disposition preference:  Burial  Mausoleum  Cremation

Memorial service to be held at:  Funeral home  Church  Graveside  Other: \_\_\_\_\_

Visitation/Friends calling:  Yes  No Casket:  Opened  Closed

Participating fraternal, military, or service organization: \_\_\_\_\_

Obituary:  Yes  No  Photo  Newspaper(s): \_\_\_\_\_

Pallbearers: \_\_\_\_\_

Flowers (describe): \_\_\_\_\_

Favorite religious passages, quotations, or poems: \_\_\_\_\_

Favorite musical selections: \_\_\_\_\_

Specific requests to be performed at service: \_\_\_\_\_

Contributions (name of charity): \_\_\_\_\_

Flag (if veteran):  Folded  Draped  Given to: \_\_\_\_\_

Specific clothing (describe): \_\_\_\_\_

Glasses to be worn:  Yes  No  After viewing, removed and given to: \_\_\_\_\_

Jewelry to be worn:  Yes  No  After viewing, removed and given to: \_\_\_\_\_

Specific jewelry (describe): \_\_\_\_\_

## CEMETERY INSTRUCTIONS

Cemetery property owned:  Yes  No Cemetery: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Location, Section/Garden: \_\_\_\_\_ Lot: \_\_\_\_\_ Space: \_\_\_\_\_ Marker owned:  Yes  No

Cremation memorialization:  Niche  Burial  Other: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

The preceding information represents my desires for my funeral and burial arrangements. As of this date, I prefer that my family only spend \$ \_\_\_\_\_ for these plans.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Funeral planning professional: \_\_\_\_\_

# Cost estimate sheet

This estimate sheet does not represent items bought or sold and is not a contract to do so. These figures represent only an estimate of the costs of funeral preferences at today's prices. These items will be selected when meeting with the funeral home.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section I: Services

Funeral package, describe: \_\_\_\_\_ \$ \_\_\_\_\_

*For details, please refer to a copy of the General Price List.*

### ITEMIZED SERVICES

Basic services of funeral director and staff	\$ _____	Use of equipment and staff for ceremony	\$ _____
Transfer of deceased to funeral home		Funeral coach	\$ _____
_____ miles @ \$ _____ per mile	\$ _____	Family car no. _____ @ \$ _____ each	\$ _____
Embalming	\$ _____	Other, please specify _____	\$ _____
Other preparation of the body	\$ _____	_____	\$ _____
Use of facilities and staff for viewing		_____	\$ _____
_____ days @ \$ _____	\$ _____		
Use of facilities and staff for ceremony	\$ _____		

**Subtotal: Section I** \$ \_\_\_\_\_

## Section II: Merchandise

### CASKET

Name \_\_\_\_\_ \$ \_\_\_\_\_

Description \_\_\_\_\_

Interior fabric and color \_\_\_\_\_

Exterior material and color \_\_\_\_\_

Gauge weight (where applicable) \_\_\_\_\_

### OUTER BURIAL CONTAINER

Name \_\_\_\_\_ \$ \_\_\_\_\_

Description \_\_\_\_\_

### OTHER MERCHANDISE

Alternative container \_\_\_\_\_ \$ \_\_\_\_\_

Urn \_\_\_\_\_ \$ \_\_\_\_\_

Marker \_\_\_\_\_ \$ \_\_\_\_\_

Memorial package \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Subtotal: Section II** \$ \_\_\_\_\_

## Section III: Miscellaneous items

Memorial package \$ \_\_\_\_\_

Obituary notices \$ \_\_\_\_\_

Death certificates

\_\_\_\_\_ copies @ \$ \_\_\_\_\_ per copy \$ \_\_\_\_\_

Flowers \$ \_\_\_\_\_

Clergy honorarium \$ \_\_\_\_\_

Musician honorarium \$ \_\_\_\_\_

Reception \$ \_\_\_\_\_

Grave opening and closing \$ \_\_\_\_\_

Setting fees \$ \_\_\_\_\_

Sales tax \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**Subtotal: Section III** \$ \_\_\_\_\_

**Subtotal: Sections I and II** \$ \_\_\_\_\_

**Total: Sections I, II, and III** \$ \_\_\_\_\_

### PAYMENT OPTIONS:

Single premium \$ \_\_\_\_\_

One-year \$ \_\_\_\_\_ per month

Three-year \$ \_\_\_\_\_ per month

Five-year \$ \_\_\_\_\_ per month

Ten-year \$ \_\_\_\_\_ per month

# Important to note

## **SOCIAL SECURITY**

If you are working and paying into Social Security, some of the Social Security taxes you pay are applied toward survivor benefits. The amount of these benefits will be determined by Social Security.

To file a claim or for answers to your specific questions, contact the nearest Social Security office or call 800-772-1213 between the hours of 7 a.m. and 7 p.m., Monday-Friday. Free informative publications are available at your local office or on the internet at [ssa.gov](http://ssa.gov).

## **VETERANS ADMINISTRATION**

If you are an honorably discharged veteran, your survivors may be eligible for a range of benefits, such as burial flag, presidential memorial certificate, marker for the grave or niche, and burial allowances. Information on a variety of topics may be obtained by calling 800-827-1000 or by visiting [va.gov](http://va.gov).

## **FEDERAL EMPLOYEES**

Survivors of employees of the federal government may be eligible for a wide range of benefits, including group life insurance, annuities, and health insurance continuation. For answers to specific questions, you can contact the Office of Personnel Management at 888-767-6738 or visit [opm.gov](http://opm.gov).

## **WILL**

This document specifies what is to be done with your property when you die and names your executor or personal representative. You can also use your will to name a guardian for your children. Wills must be handled through a process known as “probate.”

## **PROBATE**

Simply stated, probate is the court process following a person’s death that includes:

- Proving the authenticity of the deceased person’s will
- Appointing someone to handle the deceased person’s affairs
- Identifying the deceased person’s property
- Paying debts and taxes
- Identifying heirs
- Distributing the deceased person’s property according to the will, or state law if there is no will.

## **LIVING TRUST**

This form of a trust can be set up during your life. Living trusts are an excellent way to avoid the cost and hassle of probate because the property you transfer into the trust passes directly to the beneficiaries after you die. The successor trustee — the person you appoint to handle the trust after your death — simply transfers ownership to the beneficiaries.



## **POWER OF ATTORNEY**

This document gives another person legal authority to act on your behalf. If you create such a document, you are called the “principle,” and the person to whom you give this authority is called your “attorney-in-fact.” If you make a durable power of attorney, the document will remain in effect if you become incapacitated.

## **LIVING WILL**

This legal document states your wishes about medical treatments and life-prolonging procedures. It takes effect if you are unable to communicate your healthcare decisions. A living will may also be called a healthcare directive, advanced directive, or directive to physicians. Laws vary from state to state, check with your state’s authorities.

## **PREARRANGED FUNERAL PLAN**

This is a contract in which a funeral establishment agrees to provide merchandise and services upon the death of the contract beneficiary. The plan provides not only the funding for the funeral, but also allows individuals the opportunity to specify their wishes for the funeral ceremony and merchandise.

## **FUNERAL OR MEMORIAL SERVICE**

Whether you or your loved one have chosen burial or cremation, the funeral or memorial service fills an important role by:

- Celebrating, honoring, and recognizing the life of the deceased
- Giving family and friends the chance to say goodbye
- Providing closure after the loss of a loved one
- Presenting an opportunity for friends and family to console each other

Many details and decisions must be made when a death occurs. When you arrange them in advance, you can plan what you want and minimize stress on your loved ones. For example, you can plan where your funeral will be held and the style of the ceremony. You can indicate whether you prefer friends and family to gather informally and share their feelings and memories. Favorite music and photographs can be selected.







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