The information included in the pages that follow is intended to be a guide to assist you in beginning the process of planning. It is not intended to take the place of formal planning. Information needed varies from state to state. Additional information may be needed. You are welcome to copy this information if you wish.

City & State: \_\_\_

CATHOLICISIVI and Organ Donation	
Organ, eye, and tissue donation is considered an act of charity and Vatican. (Pope John Paul II, Evangelium Vitae, no. 86)	love, and transplants are morally and ethically acceptable to the
Find information on donation at U.S. Government Information on www.organdonor.gov	Organ Donation and Transplantation website: http://
Are you an organ donor?	
Do you have paperwork verifying your request, if yes, where is it lo	ocated?
CATHOLICISM and <u>Funeral Rites</u>	
Find information at <b>United States Conference of Catholic Bishops</b>	website:
http://www.usccb.org/prayer-and-worship/bereavement-and-fund	erals/index.cfm
http://www.usccb.org/prayer-and-worship/bereavement-and-fune	erals/overview-of-catholic-funeral-rites.cfm
http://www.usccb.org/prayer-and-worship/bereavement-and-fund	erals/cremation-and-funerals.cfm
Browse the entire site for complete information: http://www.usco	cb.org
Your Choice of Funeral Home:Address:	
	Telephone Number:
Preparation and Disposition	
Do you want a Full Burial or Cremation Burial?	
Do you want an Earth Burial or Mausoleum Burial?	
If you have a cemetery easement, where can the paperwork be fou	und?
Your Choice of <u>Cemetery</u> :	
Address:	
City & State:	Telephone Number:
Your <u>Parish</u> :	
Address:	

\_\_\_Telephone Number: \_\_\_

#### **Vital Statistics Needed for Death Certificate**

Full Legal Name
Full Legal Maiden Name
Date of Birth
Place of Birth
Sex Race
Full Legal Name of Father
Birthplace of Father
Full Legal Maiden Name of Mother
Birthplace of Mother
Social Security Number
Marital Status
Full Legal Name of Spouse
Your Occupation
Employer
Are you retired?
Length of time at Occupation
Number of Years of Education Completed
Residence Address
City and State
County of Residence
Number of Years You Have Lived in County
Military Service to None
Branch of Service
Places Served

#### **Survivors**

Spouse/Significant Other
Parents
Step-Parents
Grandparents
Sons (and Spouses)
Daughters (and Spouses)
Brothers (and Spouses)
Sisters (and Spouses)
Grandchildren (and Spouses)
Nieces & Nephews (and Spouses)
Others Special People
Preceded in Death By

#### **Pallbearers**

Name	Telephone Number
	People to Notify
Eriands Dalativas Darsans that athors may be una	ware that you would like to be notified atc
Friends, Relatives, Persons that others may be una	
Name	Telephone Number

#### **General Personal Information**

Do you have a <b>WILL</b> , where is it located, and does anyone have a copy (who)?	
Attorney Name	
Address	
City and State	Telephone
Accountant Name	
Address	
City and State	Telephone
Executor Name	
Address	
City and State	Telephone
Stock Broker Name	
Address	
City and State	Telephone
Stocks, Bonds, Etc.	
Safe Deposit Box-Bank Accounts-Savings-Checking	
*Bank Name	
Address	
City and State	Telephone
Whose Name is the Safe Deposit Box in?	
Where is the Key?	
*Bank Name	
Address	
City and State	Telephone

*Account Type	
Account Number	
Name on Account	
*Account Type	
Account Number	
Name on Account	
*Account Type	
Account Number	
Name on Account	
*Bank Name	
Address	
City and State	
*Account Type	
Account Number	
Name on Account	
*Account Type	
Account Number	
*Account Type	
Account Number	
Name on Account	
Lender Name	
Address	
City and State	Telephone
Description	
Loan Number	

Debts

	Lender Name		
	Address		
	City and State	Telephone	
	Description		
	Loan Number		
Credit (	Cards		
	*Type of Card/Issuer		
	Contact Information		
	Account Number		
	*Type of Card/Issuer		
	Contact Information		
	Account Number		
	*Type of Card/Issuer		
	Contact Information		
	Account Number		
Life Ins	urance		
	*Name of Company		
	Policy Number	Amount	
	Beneficiary		
	Where is the Policy Located?		
	*Name of Company		
	Policy Number	Amount	
	Beneficiary		
	Where is the Policy Located?		
	*Name of Company		
	Policy Number	Amount	
	Beneficiary		
	Where is the Policy Located?		

### Planning for death doesn't make it happen.

#### Planning does make the process easier for loved ones when death occurs.

### Pension/Union Plan Name of Company City and State \_\_\_\_\_\_ Telephone \_\_\_\_\_ Account Number Where is the Plan Located? **Retirement Plan Benefits** Name of Company \_\_\_\_\_\_ City and State Telephone Account Number Where is the Plan Located? Social Media Accounts (e-mail, Facebook, twitter, online utility accounts, etc.) \* Account Name Username Password Username \_\_\_\_\_\_ Password \_\_\_\_\_ \* Account Name \_\_\_\_\_\_ Username \_\_\_\_\_\_ Password \_\_\_\_\_ \* Account Name \_\_\_\_\_ Username \_\_\_\_\_\_ Password \_\_\_\_\_\_ \* Account Name \_\_\_\_\_ Username \_\_\_\_\_\_ Password \_\_\_\_\_ \* Account Name Username \_\_\_\_\_\_ Password \_\_\_\_\_\_ Other Contacts/Other Important Papers/Special Instructions

#### Obituary Information You May Wish to Have Included

Parish Involvement:
Civis Memberships Lodges Clubs Etc.
Civic Memberships, Lodges, Clubs, Etc.:
Special Achievements, Titles, Honors, Awards:
Military Involvement and Honors:
Public or Community Service Involvement:
Sports/Academic Accomplishments:
Hobbies, Special Interests:
Special Pets:
Special Pets:  Other things you would like to be remembered for—people, places, events, etc., that have made you who you are.
Do you want your photo included? (Which one?)
Which newspapers would you like to be in?

#### **Other Choices to Make**

Choose a Casket/Urn/Vault		
Choose your clothing - doesn't have to be specific, but state whether you want to be traditional, casual, etc		
Choose how you want your hair to be styled. Supply a photo if possible		
Choose how you want your cosmetics. Supply a photo if possible		
noose your jewelry and indicate if you want it buried with you or who you would like it returned to:		
Type of Funeral Service (View information at <b>United States Conference of Catholic Bishops</b> website: http://www.usccb.org to become informed of your options.)		
Where do you want your services held?		
Who would you like to conduct your services?		
Who would you like to eulogize you?		
Do you have favorite scriptures, psalms, hymns, organist, pianist, vocalist, reader, etc.:		
Do you have favorite flowers or a special request for flowers?		
Do you have favorite charities?		
Do you have any other special requests?		

You may wish to write a note to those you care about; specify something you would like someone to have; share a memory—better yet, do these things before you die so you can see the enjoyment it brings to your loved one.