



# Family Resource Binder

Centralize important documents and information for your family and loved ones. This binder will be a critical resource in the event of an emergency or major life event.

This resource is designed to help organize important information so that you are better prepared for future life stages and unforeseen circumstances.

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KEY  
INFORMATION



ESSENTIAL  
DOCUMENTS



MEDICAL  
INFORMATION



FINANCIAL  
INFORMATION



DIGITAL &  
PROFESSIONAL  
INFORMATION

## KEY INFORMATION



Make sure that your loved ones know where to find your key personal information in the event of an emergency. Attach copies of all key documents to this section.



# PERSONAL INFORMATION

## MY INFORMATION

FULL LEGAL NAME: \_\_\_\_\_

GIVEN/MAIDEN NAME (if applicable): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH (hospital, city, county, state/country): \_\_\_\_\_

MOTHER'S FULL LEGAL NAME: \_\_\_\_\_

MOTHER'S PLACE OF BIRTH (city, & state/country): \_\_\_\_\_

FATHER'S FULL LEGAL NAME: \_\_\_\_\_

FATHER'S PLACE OF BIRTH (city & state/country): \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

FULL NAMES OF ALL CHILDREN (living & deceased): \_\_\_\_\_

CURRENT EMPLOYER (name, address, phone, manager): \_\_\_\_\_

PETS: \_\_\_\_\_

NOTES: \_\_\_\_\_

## PERSONAL INFORMATION

### SPOUSE/PARTNER INFORMATION

FULL LEGAL NAME: \_\_\_\_\_

GIVEN/MAIDEN NAME (if applicable): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH (hospital, city, county, state/country): \_\_\_\_\_

MOTHER'S FULL LEGAL NAME: \_\_\_\_\_

MOTHER'S PLACE OF BIRTH (city, & state/country): \_\_\_\_\_

FATHER'S FULL LEGAL NAME: \_\_\_\_\_

FATHER'S PLACE OF BIRTH (city & state/country): \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

FULL NAMES OF ALL CHILDREN (living & deceased): \_\_\_\_\_

CURRENT EMPLOYER (name, address, phone, manager): \_\_\_\_\_

PETS: \_\_\_\_\_

NOTES: \_\_\_\_\_

## SIGNIFICANT OTHER INFORMATION

### SPOUSE/PARTNER'S INFORMATION

FULL LEGAL NAME: \_\_\_\_\_

GIVEN/MAIDEN NAME (if applicable): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH (hospital, city, county, state/country): \_\_\_\_\_

MARRIAGE DATE: \_\_\_\_\_

MARRIAGE LOCATION (city, & state/country): \_\_\_\_\_

SPOUSE'S FORMER SPOUSE: \_\_\_\_\_

MARRIAGE DATE : \_\_\_\_\_

REASON: \_\_ DEATH \_\_ DIVORCE      DATE & LOCATIONXPIRATION DATE: \_\_\_\_\_

MY FORMER SPOUSE: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

MARRIAGE DATES: \_\_\_\_\_

REASON: \_\_ DEATH \_\_ DIVORCE      DATE & LOCATION: \_\_\_\_\_

MY FORMER SPOUSE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MARRIAGE DATES: \_\_\_\_\_

NOTES: \_\_\_\_\_

# EMERGENCY CONTACTS

Information last updated:

CONTACT	NAME	PHONE OR EMAIL
EMERGENCY CONTACTS:		
PRIMARY DOCTOR:		
DOCTOR/SPECIALIST:		
CLERIC:		
ATTORNEY:		
FINANCIAL ADVISOR:		

# EMERGENCY CONTACTS

Information last updated:

CONTACT	NAME	PHONE OR EMAIL
PROPERTY & CASUALTY AGENT:		
CPA:		
EXECUTOR:		
TRUSTEE:		
SUCCESSOR TRUSTEE:		
OTHER( Power of Attorney, Healthcare Proxy):		

# PROFESSIONAL DIRECTORY

Attorney, CPA, Mechanic, Housekeeper, Nanny, Pet Sitter, Landscaping & Pool Services:

NAME	BUSINESS TYPE	ADDRESS	PHONE/EMAIL



## SPOUSE OR FAMILY PROFESSIONAL DIRECTORY

ATTORNEY, CPA, MECHANIC, HOUSEKEEPER, NANNY, PET SITTER, SERVICES:

NAME	BUSINESS TYPE	ADDRESS	PHONE/EMAIL

## ESSENTIAL DOCUMENTS



Know where to find important paperwork at a moment's notice. We suggest providing a copy of all key documents and attaching to this section.



## KEY DOCUMENTS

**Information last updated:**

**These documents are important but only occasionally needed.**

DOCUMENT	LOCATION	WHO HAS A COPY?	ONLINE ACCESS/ LOCATION
DRIVER'S LICENSE:			
PASSPORT:			
MILITARY SERVICE DOCUMENTS:			
PROFESSIONAL CERTIFICATIONS:			
DOCUMENT INVENTORY:			
VEHICLE TITLES:			
VEHICLE REPAIRS:			
REAL ESTATE DEEDS:			
PROPERTY TAX ASSESSMENT &			
HOUSEHOLD INVENTORY:			
HOME IMPROVEMENT RECEIPTS:			
PHOTOS OF POSSESSIONS:			
SAFE DEPOSIT BOX INVENTORY:			

## RENEWALS

Information last updated: \_\_\_\_\_ These are documents that expire and require renewals.

DOCUMENT	EXPIRATION DATE	IN DOCUMENT VAULT?
DRIVER'S LICENSE:		
PASSPORT:		
CLUB MEMBERSHIP:		
OTHER:		
OTHER:		
OTHER:		
OTHER:		

# ESSENTIAL DOCUMENTS

**Information last updated:**

**These documents should never be destroyed. Store everything in one secure location.**

DOCUMENT	LOCATION	WHO HAS A COPY?	ONLINE ACCESS/ LOCATION
BIRTH CERTIFICATE:			
SOCIAL SECURITY CARD:			
MARRIAGE CERTIFICATES:			
DIVORCE DECREES:			
DEATH CERTIFICATES:			
CITIZENSHIP OR NATURALIZATION			
MILITARY DISCHARGE:			
VETERANS RECORDS:			
CEMETARY DEED:			
FINAL EXPENSE INSURANCE:			
DIPLOMAS:			
LAWSUITS:			
IMMUNIZATIONS:			

## ESSENTIAL DOCUMENTS

**Information last updated:**

**These documents should never be destroyed. Store everything in one secure location.**

DOCUMENT	LOCATION	WHO HAS A COPY?	ONLINE ACCESS/ LOCATION
INSURANCE POLICIES:			
RETIREMENT PLAN DOCUMENTS:			
EMPLOYEE BENEFITS:			
DIVORCE DECREES:			
EMPLOYMENT CONTRACTS:			
FINANCIAL STATEMENTS:			
CREDIT CARD STATEMENTS:			
CREDIT REPORTS:			
LOAN AGREEMENTS & STATEMENTS:			
COLLEGE FINANCIAL AID:			
INVESTMENT STATEMENTS:			
ANNUITY CONTRACTS:			
STOCK CERTIFICATES & BONDS:			

## ESSENTIAL INFORMATION

### Information last updated:

My family is due the following benefits from my employer:

☐

Life Insurance

☐

Long-Term Care

☐

Disability Insurance

☐

Retirement Plan

☐

Deferred Compensation

☐

Other \_\_\_\_\_

☐

Stock

\_\_\_\_\_

### Safe & Valuables

I have a

☐

Safe. Persons who know the safe combination: \_\_\_\_\_

☐

Valuables (jewelry, collections, etc.) located at : \_\_\_\_\_

I may receive an inheritance from: \_\_\_\_\_

I am the beneficiary of a trust. Trust document is located at: \_\_\_\_\_

I am entitled to military benefits, including: \_\_\_\_\_

### Safety Deposit Boxes

Located at (city and state) : \_\_\_\_\_

Safety deposit box keys are located: \_\_\_\_\_

Safety deposit box code? \_\_\_\_\_

## MEDICAL INFORMATION



Important health information and medical contacts at your fingertips, available at a moment's notice. Attach copies of key medical records here.



My personal medical and health information. We suggest providing a copy of all key documents and attaching to this section. This section includes:

- Physician Directories
- Insurance Information
- Conditions & Medications
- Family Medical Information
- Veterinarian Information



# MEDICAL INFORMATION

## MY PERSONAL MEDICAL INFORMATION

Information last updated:

### SELF

HEALTH INSURER:	PLAN ID:	GROUP #:	MEDICARE #:
MEDIGAP/ SUPPLEMENTAL			
PRESCRIPTION COVERAGE:	ISSUER:	GROUP #:	ID#:
PRESCRIPTION COVERAGE (MEDICARE D):	ISSUER:	GROUP #:	ID#:
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS/ISSUES:			
PHARMACY FOR PRESCRIPTIONS:			
VA MEDICAL:			
ORGAN DONOR:			

## MEDICAL INFORMATION

### MY PERSONAL MEDICAL INFORMATION

Information last updated:

#### SPOUSE/PARTNER

HEALTH INSURER:	PLAN ID:	GROUP #:	MEDICARE #:
MEDIGAP/ SUPPLEMENTAL			
PRESCRIPTION COVERAGE:	ISSUER:	GROUP #:	ID#:
PRESCRIPTION COVERAGE (MEDICARE D):	ISSUER:	GROUP #:	ID#:
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS/ISSUES:			
PHARMACY FOR PRESCRIPTIONS:			
VA MEDICAL:			
ORGAN DONOR:			

# CHILD MEDICAL INFORMATION

**CHILD MEDICAL INFORMATION - Duplicate page and complete for each child/dependent. Information last updated:**

CHILD			
HEALTH INSURER:	PLAN ID:	GROUP #:	MEDICARE #:
MEDIGAP/ SUPPLEMENTAL			
PRESCRIPTION COVERAGE:	ISSUER:	GROUP #:	ID#:
PRESCRIPTION COVERAGE (MEDICARE D):	ISSUER:	GROUP #:	ID#:
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS/ISSUES:			
PHARMACY FOR PRESCRIPTIONS:			
VA MEDICAL:			
ORGAN DONOR:			

# CHILD MEDICAL INFORMATION

**CHILD MEDICAL INFORMATION - Duplicate page and complete for each child/dependent. Information last updated:**

CHILD			
HEALTH INSURER:	PLAN ID:	GROUP #:	MEDICARE #:
MEDIGAP/ SUPPLEMENTAL			
PRESCRIPTION COVERAGE:	ISSUER:	GROUP #:	ID#:
PRESCRIPTION COVERAGE (MEDICARE D):	ISSUER:	GROUP #:	ID#:
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS/ISSUES:			
PHARMACY FOR PRESCRIPTIONS:			
VA MEDICAL:			
ORGAN DONOR:			

# FAMILY MEDICAL DIRECTORY

## FAMILY PHYSICIANS CONTACT INFORMATION

Information last updated:

FAMILY MEMBER	PHYSICIAN NAME & SPECIALTY	PHONE OR EMAIL

## PRESCRIPTION INFORMATION

### MY PRESCRIPTION INFORMATION

Information last updated:

NAME OF MEDICINE	DOSAGE	PRESCRIBING DOCTOR

## PRESCRIPTION INFORMATION

### SPOUSE/PARTNER PRESCRIPTION INFORMATION

Information last updated:

NAME OF MEDICINE	DOSAGE	PRESCRIBING DOCTOR

# MEDICAL NOTES

## MISCELLANEOUS MEDICAL NOTES

Information last updated:

ISSUE/CONTACT	NOTES



## PET VETERINARY INFORMATION

### VETERINARIAN

Information last updated:

PET S NAME & TYPE	VETERINARY INFORMATION	PHONE	WHO WILL CARE FOR PET? (Name/Phone)

## FINANCIAL INFORMATION



Be able to access important information just when you need it by keeping a record of financial accounts, statements and activity.



My financial life. We suggest providing a copy of all key documents and attaching to this section. This section includes:

- Assets & Liabilities Inventories
- Bank Accounts
- Retirement Plans
- Insurance Inventory
- Automatic Bill Pay Inventory
- Credit Card Information

# BANKING INFORMATION

## BANK ACCOUNTS

Information last updated:

ACCOUNT	
BANK NAME:	PHONE:
CHECKING ACCOUNT #:	SAVINGS ACCOUNT #:
ATM/DEBIT CARD #:	OTHER:
BANK NAME:	PHONE:
CHECKING ACCOUNT #:	SAVINGS ACCOUNT #:
ATM/DEBIT CARD #:	OTHER:
BANK NAME:	PHONE:
CHECKING ACCOUNT #:	SAVINGS ACCOUNT #:
ATM/DEBIT CARD #:	OTHER:
BANK NAME:	PHONE:
CHECKING ACCOUNT#:	SAVINGS ACCOUNT #:
ATM/DEBIT CARD #:	OTHER:

# CREDIT CARD INVENTORY

## CREDIT CARD INVENTORY

Information last updated:

### ACCOUNT

CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

# CREDIT CARD INVENTORY

## CREDIT CARD INVENTORY

Information last updated:

### ACCOUNT

CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

# FINANCIAL INFORMATION

## INVESTMENT ACCOUNTS

Information last updated:

ACCOUNT		
INVESTMENT FIRM NAME:	FINANCIAL PROFESSIONAL:	PHONE #:
ACCOUNT #:	ACCOUNT TYPE:	ACCT TITLE:
INVESTMENT FIRM NAME:	FINANCIAL PROFESSIONAL:	PHONE #:
ACCOUNT #:	ACCOUNT TYPE:	ACCT TITLE:
INVESTMENT FIRM NAME:	FINANCIAL PROFESSIONAL:	PHONE #:
ACCOUNT #:	ACCOUNT TYPE:	ACCT TITLE:
INVESTMENT FIRM NAME:	FINANCIAL PROFESSIONAL:	PHONE #:
ACCOUNT #:	ACCOUNT TYPE:	ACCT TITLE:
INVESTMENT FIRM NAME:	FINANCIAL PROFESSIONAL:	PHONE #:
ACCOUNT #:	ACCOUNT TYPE:	ACCT TITLE:
INVESTMENT FIRM NAME:	FINANCIAL PROFESSIONAL:	PHONE #:
ACCOUNT #:	ACCOUNT TYPE:	ACCT TITLE:

## RETIREMENT PLANS

### MY RETIREMENT PLANS/ EXECUTIVE COMPENSATION

Information last updated:

PLAN	COMPANY NAME	PHONE #
401(K) ACCOUNT:		
PENSION:		
EQUITY PLAN:		
OTHER COMPENSATION PLAN:		
OTHER COMPENSATION PLAN:		
OTHER COMPENSATION PLAN:		

## SPOUSE/PARTNER RETIREMENT PLANS

### SPOUSE/PARTNER RETIREMENT PLANS/ EXECUTIVE COMPENSATION

Information last updated:

PLAN	COMPANY NAME	PHONE #
401(K) ACCOUNT:		
PENSION:		
EQUITY PLAN:		
OTHER COMPENSATION PLAN:		
OTHER COMPENSATION PLAN:		
OTHER COMPENSATION PLAN:		



## LIABILITY INFORMATION

### LOAN INVENTORY

Information last updated:

LOAN	ACCOUNT #
MORTGAGE BROKER NAME (PRIMARY):	
MORTGAGE BROKER NAME (SECONDARY):	
ADDITIONAL MORTGAGE BROKER NAME:	
HOME EQUITY LOAN HOLDER:	
VEHICLE HOLDER:	
VEHICLE HOLDER:	

# LIFE INSURANCE

## MY LIFE INSURANCE

Information last updated:

### BENEFITS:

INSURER:	POLICY #:	INSURANCE AGENT:	PHONE#:
DEATH BENEFIT:	BENEFICIARY (PRIMARY):	BENEFICIARY (SECONDARY OR CONTINGENT):	BENEFICIARY (THIRD OR FINAL):
INSURER:	POLICY #:	INSURANCE AGENT:	PHONE#:
DEATH BENEFIT:	BENEFICIARY (PRIMARY):	BENEFICIARY (SECONDARY OR CONTINGENT):	BENEFICIARY (THIRD OR FINAL):
INSURER:	POLICY #:	INSURANCE AGENT:	PHONE#:
DEATH BENEFIT:	BENEFICIARY (PRIMARY):	BENEFICIARY (SECONDARY OR CONTINGENT):	BENEFICIARY (THIRD OR FINAL):

# INSURANCE INVENTORY

## MY INSURANCE INVENTORY

Information last updated:

### MY LONG TERM CARE INSURANCE:

INSURER:	POLICY #:	CONTACT NAME:	PHONE#:

### MY DISABILITY INSURANCE:

INSURER:	POLICY #:	CONTACT NAME:	PHONE#:

# SPOUSE/PARTNER INSURANCE INVENTORY

## MY INSURANCE INVENTORY

Information last updated:

### MY LONG TERM CARE INSURANCE:

INSURER:	POLICY #:	CONTACT NAME:	PHONE#:

### MY DISABILITY INSURANCE:

INSURER:	POLICY #:	CONTACT NAME:	PHONE#:

# PROPERTY INSURANCE

## PROPERTY INSURANCE

Information last updated:

PROPERTY	INSURER
PROPERTY:	AGENT:
PROPERTY ADDRESS:	PHONE #:
POLICY #:	INSURER:
COVERAGE AMOUNT:	COVERAGE TYPE:
PROPERTY:	AGENT:
PROPERTY ADDRESS:	PHONE #:
POLICY #:	INSURER:
COVERAGE AMOUNT:	COVERAGE TYPE:
PROPERTY:	AGENT:
PROPERTY ADDRESS:	PHONE #:
POLICY #:	INSURER:
COVERAGE AMOUNT:	COVERAGE TYPE:

# DIGITAL INFORMATION



Know where I live online and what devices I own. Know where to look for online subscriptions and rewards accounts.



My digital life. We suggest providing a copy of any key documents and attaching to this section. This section includes:

- Online Account Inventory
- Online Log-in Inventory
- Device Inventory (computers, cell phones)

# ONLINE ACCOUNTS

## ONLINE AND SOCIAL MEDIA ACCOUNTS

Information last updated:

ACCOUNT	ASSOCIATED EMAIL ADDRESS
AMAZON:	
GOOGLE:	
ITUNES/APPLE:	
LINKEDIN:	
FACEBOOK:	
TWITTER:	
OTHER:	

## ONLINE ACCOUNTS & SUBSCRIPTIONS

ONLINE ACCOUNTS & SUBSCRIPTIONS (Frequent flier miles, hotel points, etc.)

Information last updated:

ASSOCIATED EMAIL	ADDITIONAL NOTES



## LOG-IN INFORMATION

### PERSONS ENTRUSTED WITH LOG-INS/PINS & ACCESS TO ACCOUNTS

Information last updated:

LOG IN ITEM	DESIGNATED CONFIDANT	PHONE#	IN DOCUMENT VAULT?
WEBSITES:			
COMPUTERS:			
CELL PHONES:			
CREDIT CARDS:			
BANKING:			
MEDICAL:			
OTHER:			

## DIGITAL DEVICE INVENTORY

**PERSONAL & BUSINESS CELL PHONES, COMPUTERS, TABLETS, ETC.**

**Information last updated:**

DEVICE	TYPE/MODEL	LOCATION	BUSINESS OR PERSONAL?

## FAMILY LEGACY



Preserve your family legacy and record your life story for future generations.



Provide a copy of any key documents or family keepsakes and attach them to this section. This section includes:

- Family History
- Family Memories
- My Childhood
- My Life Story
- My Legacy
- Family Heirlooms

# FAMILY HISTORY

## MY LIFE & FAMILY

MY FAMILY: Origin of family lineage, places ancestors lived, where my parents were born and raised. Family memories, events and milestones.

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MY CHILDHOOD: Where I grew up, where and how I spent my childhood. Where I went to school, what sports, arts or activities I participated in. Camp, friends, trips, recognitions, heroes, dreams and aspirations.

# FAMILY HISTORY

## MY LIFE

MY LIFE: What world events shaped me, first job, first car, college experiences, passions, travels, how I met my spouse, my biggest accomplishments/milestones, what makes me happiest, what has been my most rewarding experience, what I'm most proud of.

---

MY LIFE: Words of wisdom and/or funny stories:

# FAMILY HISTORY

## MY LIFE

MY LEGACY: How I would like to be remembered.

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FAMILY HEIRLOOMS: Items not noted in my formal will.

## FINAL ARRANGEMENTS



The following information reflects my wishes for how I would like my life and my legacy to be celebrated by my friends and family.



Attach copies of important documents to help your loved ones. This section includes:

- Action Plan
- Final Wishes
- Funeral Arrangements

# ACTION PLAN

**CHECKLIST TO BE IMPLEMENTED WHEN APPROPRIATE. DEVELOP A PLAN FOR COORDINATING WITH YOUR OTHER ADVISORS. Information last updated:**

TASK	PERSON ASSIGNED TO TASK	DATE COMPLETED
NOTIFY FUNERAL HOME		
NOTIFY FAMILY & FRIENDS		
NOFIFY EMPLOYER		
NOTIFY BANKS/INQUIRE ABOUT: Direct deposits & withdrawals, safety deposit boxes, credit life on loans.		
NOTIFY CREDIT CARD COMPANIES		
NOTIFY INSURANCE COMPANIES:		
ARRANGE HOUSESITTER		
NOTIFY UTILITY COMPANIES		
NOTIFY BENEFITS Social Security, Veterans and Employment benefits.		
OTHER		



## FINAL ARRANGEMENTS

**PLEASE REFER TO THESE INSTRUCTIONS AND PREFERENCES WHEN ARRANGING MY INTERMENT AND MEMORIAL SERVICE.**

**Information last updated:**

1. I wish to be an organ donor. If yes, note whether it is indicated on your drivers license:

☐ Yes

☐ No

- 
2. I wish to be:

☐

Buried at:

Details/Location: \_\_\_\_\_

I have already paid these costs: \_\_\_ burial plot \_\_\_ casket \_\_\_ funeral services \_\_\_ other

☐

Entombed at:

Details/Location: \_\_\_\_\_

I have already paid these costs: \_\_\_ drawer \_\_\_ casket \_\_\_ funeral services \_\_\_ other

☐

Cremated at:

Details for my ashes: \_\_\_\_\_

I have already paid these costs: \_\_\_ cremation \_\_\_ urn \_\_\_ funeral services \_\_\_ other

☐

Donated to science:

Entire body/select body parts: \_\_\_\_\_

Details: \_\_\_\_\_

# FINAL ARRANGEMENTS

I WISH TO HAVE: ☐ FUNERAL SERVICE ☐ OTHER

Information last updated:

## GENERAL INSTRUCTIONS

FRIEND OR RELATIVE I WISH TO OVERSEE THESE ARRANGEMENTS

FUNERAL HOME (Name & Phone #)

PERSON TO PERFORM SERVICE:

PALLBEARERS

PERSONS FOR EULOGY/READINGS

NOTES FOR OBITUARY

HEADSTONE ENGRAVING

FLOWERS & MUSIC

DONATIONS IN LIEU OF FLOWERS TO:

BURIAL CLOTHING

## FINAL ARRANGEMENTS

**PLEASE REFER TO THESE INSTRUCTIONS AND PREFERENCES WHEN ARRANGING MY INTERMENT AND MEMORIAL SERVICE.**

**Information last updated:**

**I wish to have a wake:**

☐

Yes

☐

No

---

**I prefer:**

☐

Open Casket

☐

Closed Casket

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**Service at:**

☐

Funeral Home

☐

House of worship location (with body present)

☐

House of worship location (without body present)

☐

Other arrangements

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☐

**I wish to be interred in a military cemetery.**

*Burial benefits include cost of burial for Veteran, along with spouse/partner, and dependents, at no cost to the family. Arrangements can be made through funeral home.*

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**Special Requests & Notes:**

Prayer card, readings, music, etc.



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