



dignity memorial®
Personal Planning Guide

Dignity®
MEMORIAL

∞ LIFE WELL CELEBRATED® ∞



*The celebration
of a lifetime
begins here.*





having things in order
means gaining peace of mind.

This planning guide was designed to help you record and organize important information, personal thoughts and your final wishes. Making final plans now is one of the most thoughtful gifts you can give your family. And, when you plan ahead, your Dignity Memorial® professionals can help you coordinate every detail to create a personal, meaningful tribute.





TABLE OF
contents

Important Information 4

Your Legacy 5

Genealogy/Family History 6

Service preferences 8-9

Memorialization preferences 10-11

Transportation & Relocation
Protection Plan Information 12

Organizations to contact 12

People to Contact 13

Social Security Information 14

Military Service 14

Estate Information 15

financial Information 16-17

Online Profiles 18

The Dignity® Difference 19

final arrangement completion 20

to my loved ones 22

assisting family and friends 23

IMPORTANT INFORMATION

NAME:

FIRST MIDDLE LAST

CONTACT INFORMATION:

STREET ADDRESS CITY/COUNTY STATE ZIP

EMAIL ADDRESS(ES)

PHONE NUMBER(S)

SEX: Male Female SOCIAL SECURITY NUMBER: _____ - _____ - _____

PLACE OF BIRTH: DATE OF BIRTH: _____ / _____ / _____

CITY/COUNTY STATE ZIP

MARITAL STATUS: Married – Date (MM/DD/YYYY) _____ / _____ / _____ Never Married Widowed Divorced

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

CAREER:

OCCUPATION TYPE OF BUSINESS/INDUSTRY

EMPLOYER PHONE NUMBER

EDUCATION: (Highest grade completed) Elementary/Secondary (0–12) College (1–4 or 5+)

COLLEGE/UNIVERSITY NAME(S) DEGREE(S)

MILITARY SERVICE: Have you ever been a member of the armed forces? Yes No (If yes, complete 'Military Service' on p . 14)

FATHER:

FIRST NAME MIDDLE NAME LAST NAME

PLACE OF BIRTH

MOTHER:

FIRST NAME MIDDLE NAME MAIDEN NAME

PLACE OF BIRTH

INFORMANT INFORMATION: (Person responsible for completing arrangements)

NAME RELATIONSHIP


STREET ADDRESS CITY/COUNTY STATE ZIP

EMAIL ADDRESS(ES)

PHONE NUMBER(S)

YOUR LEGACY

My fondest childhood memories:



Sharing your accomplishments, special memories and favorite things will allow them to be remembered and cherished by generations to come.

My earliest ambitions:

Things that make me smile:

My proudest family moments:

My proudest career accomplishments:

Special achievements/awards/offices held/
additional points of interest and memories:

My favorite songs:

My favorite color:

Pastimes and hobbies I enjoy:

Other favorite things:

GENEALOGY/FAMILY HISTORY

*This page will serve as a reference and
reminder of your unique lineage.*

family of:

NAME

My grandparents:

My parents:

My siblings:

My spouse:

My children:

My grandchildren:



No two of us are alike.

Whether you live your life with a special flourish and pomp, or love to spend quiet moments enjoying a soft summer breeze, you are one of a kind.

Your Dignity Memorial® professionals understand this. It's our honor to help you plan your life's celebration to reflect your personality and passions.

Maybe it includes the music you love, the food you grew up with, a treasured collection you've nurtured or a combination of many things.

You set the stage and you decide. We're here to see that your wishes are honored and that your special story is told.



SERVICE PREFERENCES

A memorial service is a time for family and friends to gather and remember. When you plan your service in advance, your tribute can be a unique and personal reflection of you.

PREFERRED FUNERAL HOME:

NAME OF FUNERAL HOME _____

STREET ADDRESS _____

CITY/COUNTY _____

STATE _____

ZIP _____

PHONE _____

EMAIL/WEB ADDRESS _____

TYPE OF SERVICE: Funeral Cremation Memorial Other _____

PLACE OF SERVICE:

Funeral Home Church/Chapel Cemetery Chapel Cemetery Graveside Synagogue/Temple Other _____

SERVICE PREFERENCE: Religious Non-religious Celebrant/Clergy/Speaker _____

OTHER PERSONAL OR RELIGIOUS PREFERENCES _____



What are some special reminders of you?

KEEPSAKES FOR GUESTS _____

SPECIAL THEME OR DÉCOR _____

SELECTED READINGS (poetry, religious passages or other special selections) _____

MUSICIANS _____

MUSICAL SELECTIONS _____

A floral theme close to your heart.

From colorful blooms to elegant displays,
flowers can say so much.

FLORAL PREFERENCES _____

— ∞ —
A keepsake is a unique token for guests to take with them following a service. It can represent a cherished memory, special event or beloved hobby. Perhaps it's an engraved golf ball, a seed packet or something that was part of a personal collection.

SERVICE PREFERENCES

TYPE OF CASKET: Hardwood Metal Cremation/Ceremonial Casket All Wood Construction

Selected and prepaid on ___/___/_____ Selected and have not paid

TYPE OF URN: Wood Metal Porcelain Other _____

PARTICIPATING ORGANIZATIONS: (military, fraternal, lodge, etc.) _____

ORGANIZATION NAME(S) _____

OBITUARY: Newspaper(s) _____

Online _____ Other _____

FLAG: Draped Folded Presented to _____

WAKE/ROSARY: Yes No Location _____ Officiant _____

VISITATION: Yes No | Public Private | Casket: Open Closed | Other

CLOTHING PREFERENCE: From current wardrobe New

CLOTHING DESCRIPTION Stays on Returns to family

JEWELRY DESCRIPTION Stays on Returns to family

EYEGASSES DESCRIPTION Stays on Returns to family

OTHER/DESCRIPTION Stays on Returns to family

MEMORIAL DONATIONS TO:

RECEPTION:

LOCATION _____

CATERING _____

HOSPITALITY _____

ENTERTAINMENT _____

ADDITIONAL REQUESTS _____

Favorite touches can make a service personal and meaningful. A special meal, the reading of a treasured verse or music you've always enjoyed—make your service a personal reflection of you.

—∞—



MEMORIALIZATION PREFERENCES

*Preserve your legacy and leave family and friends
a lasting place to reflect and remember.*

PREFERRED MEMORIAL PARK/CEMETERY:

NAME OF MEMORIAL PARK/CEMETERY _____

STREET ADDRESS _____

CITY/COUNTY _____

STATE _____

ZIP _____

PHONE _____

EMAIL/WEB ADDRESS _____

TYPE OF ARRANGEMENTS: Family Estate Companion Single Other _____

Selected and prepaid on ___/___/_____ Selected and have not paid



Most of us don't realize
how important *remembrance* is
to those who love us.

*Choose a special place of lasting
remembrance where family and friends
can visit and reflect.*

TYPE OF INTERMENT RIGHTS:

Mausoleum Niche Lawn Crypt Ground Burial

Cremation Garden Other _____

Selected and prepaid on ___/___/_____

Selected and have not paid

NAME OF OWNER OF INTERMENT RIGHTS _____

LEGAL DESCRIPTION OF INTERMENT RIGHTS _____

LOCATION OF CERTIFICATE OF OWNERSHIP _____

OUTER BURIAL CONTAINER:

Concrete Vault Metal Vault Grave Liner

Other _____

Selected and prepaid on ___/___/_____

Selected and have not paid

TYPE OF CEMETERY SERVICE:

OPENING AND CLOSING (Quantity/Description) _____

Selected and prepaid on ___/___/_____

Selected and have not paid

MEMORIALIZATION PREFERENCES

MEMORIALIZATION:

Monument Bronze Plaque on Granite Base Bronze Plaque Granite Plaque Other _____

INSCRIPTION/EMBLEM

Selected and prepaid on ____/____/____ Selected and have not paid

*Leave a permanent tribute
that celebrates special memories
and family heritage.*

PERSONAL REQUESTS:

Family present during closing upon conclusion
of Committal Service: Yes No

Release of:

Doves Butterflies Balloons
 Other _____


ADDITIONAL REQUESTS:

MILITARY HONORS:

FLORAL PLACEMENT SERVICE:

MONTH	TYPE
MONTH	TYPE
MONTH	TYPE
MONTH	TYPE

From a serene outdoor setting to the elegance of an enclosed mausoleum, your final resting place can reflect *your special life and story.*

—  —



TRANSPORTATION & RELOCATION PROTECTION PLAN* INFORMATION

*The Transportation & Relocation Protection Plan helps families cope with the unexpected.
With just one phone call, you can take care of everything you need to bring a loved one home.*

TRANSPORTATION & RELOCATION PROTECTION PLAN: Yes No

CONTRACT NUMBER		BENEFICIARY	
NAME OF RECEIVING FUNERAL HOME			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE	EMAIL/WEB ADDRESS		

ORGANIZATIONS TO CONTACT

Use this area to note any organizations or groups that may need to be notified upon your passing.

NAME OF ORGANIZATION			
CONTACT PERSON			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE	EMAIL/WEB ADDRESS		

NAME OF ORGANIZATION			
CONTACT PERSON			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE	EMAIL/WEB ADDRESS		

NAME OF ORGANIZATION			
CONTACT PERSON			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE	EMAIL/WEB ADDRESS		

NAME OF ORGANIZATION			
CONTACT PERSON			
STREET ADDRESS		CITY/COUNTY	STATE ZIP
PHONE	EMAIL/WEB ADDRESS		

*Program services offered by Medical Air Services Association, Inc. and its affiliates. Not available in KY, NY and SC.

PEOPLE TO CONTACT

Use this area to note family, friends, coworkers and others you would like to be notified of your passing.

NAME	NAME
ADDRESS	ADDRESS
CITY ST ZIP	CITY ST ZIP
PHONE	PHONE
EMAIL	EMAIL

NAME	NAME
ADDRESS	ADDRESS
CITY ST ZIP	CITY ST ZIP
PHONE	PHONE
EMAIL	EMAIL

NAME	NAME
ADDRESS	ADDRESS
CITY ST ZIP	CITY ST ZIP
PHONE	PHONE
EMAIL	EMAIL

NAME	NAME
ADDRESS	ADDRESS
CITY ST ZIP	CITY ST ZIP
PHONE	PHONE
EMAIL	EMAIL

SOCIAL SECURITY INFORMATION

To facilitate receiving Social Security benefits, you will need the following when you contact your Social Security office:

- 1 . Social Security Number
- 2 . Marriage License
- 3 . Children's Birth Certificates
- 4 . W2 for the previous two years
- 5 . Proof of widow(er)'s age if 62 years or older
- 6 . Certified Copy of Death Certificate

A lump sum payment may be made when an eligible person dies. This payment can only be made if there is an eligible surviving widow, widower or entitled child . Also, survivor's checks may go to certain members of a worker's family.

An application for the lump sum death payment usually must be made within two years after the worker's death. Don't delay applying because you don't have all the proof of information . The people in the Social Security office will tell you about other proof of information that can be used when you apply.

It is a good idea to check your record every three years to make sure that earnings are being correctly reported to your record.

SOCIAL SECURITY ADMINISTRATION
1-800-772-1213 | www.ssa.gov



MILITARY SERVICE

BRANCH OF SERVICE

SERVICE SERIAL NUMBER

____ / ____ / ____
DATE ENTERED SERVICE

PLACE

TYPE OF SEPARATION OR DISCHARGE OF SERVICE

____ / ____ / ____
DATE

PLACE OF SEPARATION

LOCATION OF MILITARY DISCHARGE PAPERS (DD-214)

HIGHEST GRADE, RANK OR RATING RECEIVED

WARS/CONFLICTS SERVED

ADDITIONAL INFORMATION/MEDALS/HONORS/CITATIONS

For more information on Veterans benefits, please request a **FREE** *Veterans Planning Guide* from your Dignity Memorial professional.



ESTATE INFORMATION

Importance of a Will

If you die without a will, state law and the courts may determine who will administer your estate, handle financial matters and act as guardian for your minor children . With a will, you decide .

In some instances, joint ownership of property may not be a good substitute for a carefully drafted will . For instance, if you and your spouse died as a result of a common accident, before the survivor had an opportunity to execute a proper will, your property would pass to whom/what according to state law .

The law is very exacting in its requirements with respect to the publications, signing and witnessing of wills . It is recommended that this matter be handled by a competent attorney . Homemade wills may not stand up in court .

You should review your will every few years, particularly if you have moved or your family situation has changed since you last executed a will . State laws vary as to formal requirements and as to the rights of children and grandchildren born after a will was executed .

When you realize how much is at stake — the well-being of your entire family and the protection of your property — we believe that you will find that the attorney's fee for drafting your will and planning your estate is a worthwhile investment .

MY WILL

I HAVE A WILL: No Yes – Date of Will (MM/DD/YYYY)____/____/____

LOCATION OF WILL: At home Attorney's office Other _____

EXECUTOR/EXECUTRIX:

NAME _____

STREET ADDRESS _____ CITY/COUNTY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

PREPARED BY:

NAME _____

STREET ADDRESS _____ CITY/COUNTY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____



SENIOR LIVING SOLUTIONS

Through a special partnership with Brookdale, the industry leader in Senior Living Solutions, Dignity Memorial® customers enjoy access to a complete range of senior living communities with unparalleled services . Planning now for your later years in life is a gift that can bring you and your loved ones true peace of mind . Call 1-888-305-5647 for a complimentary Brookdale Senior Living Guide and consultation.

FINANCIAL INFORMATION

BANKING:

BANK NAME _____ BRANCH _____
Type of account: Checking Savings Other _____

USERNAME _____ PASSWORD _____

BANK NAME _____ BRANCH _____
Type of account: Checking Savings Other _____

USERNAME _____ PASSWORD _____

BANK NAME _____ BRANCH _____
Type of account: Checking Savings Other _____

USERNAME _____ PASSWORD _____

CREDIT CARDS:

Visa MasterCard American Express Discover Other _____

ACCOUNT NUMBER _____ EXPIRATION DATE _____

USERNAME _____ PASSWORD _____

Visa MasterCard American Express Discover Other _____

ACCOUNT NUMBER _____ EXPIRATION DATE _____

USERNAME _____ PASSWORD _____

Visa MasterCard American Express Discover Other _____

ACCOUNT NUMBER _____ EXPIRATION DATE _____

USERNAME _____ PASSWORD _____

Visa MasterCard American Express Discover Other _____

ACCOUNT NUMBER _____ EXPIRATION DATE _____

USERNAME _____ PASSWORD _____

FINANCIAL INFORMATION

LIFE INSURANCE/BENEFITS:

LOCATION OF POLICY

Type: Term Whole Life Universal Group Other _____

NAME OF COMPANY

PHONE

POLICY NUMBER

BENEFICIARY

AMOUNT

LOCATION OF POLICY

Type: Term Whole Life Universal Group Other _____

NAME OF COMPANY

PHONE

POLICY NUMBER

BENEFICIARY

AMOUNT

REAL ESTATE HOLDINGS:

DESCRIPTION

ADDRESS

DEED LOCATION

DEED HOLDING INSTITUTION

DESCRIPTION

ADDRESS

DEED LOCATION

DEED HOLDING INSTITUTION

FINANCIAL ASSETS:

TYPE/DESCRIPTION

LOCATION

COMPANY CONTACT

PHONE

PERSONAL BEQUESTS

OTHER LOAN INFORMATION:

ONLINE PROFILES

List your email, social media accounts or other important login information.

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

ACCOUNT NAME

WEB ADDRESS/URL

USERNAME

PASSWORD

OTHER INFORMATION

THE DIGNITY® DIFFERENCE

Celebrating each life like no other.



Dignity Memorial® professionals are committed to providing a superior customer experience. In addition to celebrating each life with highly personalized send-offs, there are many unique benefits and services that only your Dignity Memorial providers can offer.

BEREAVEMENT TRAVEL ASSISTANCE

Our nationwide network allows us to partner with global experts who will assist you and your family with time-sensitive travel arrangements. The benefit to you is clear: providing the best available options so that you can be with those who mean so much when it matters most.

CHILD & GRANDCHILD COVERAGE

If you have a Dignity Memorial plan and suffer the loss of a child or grandchild, we will provide complimentary funeral or cremation services up to the same level as your plan through any Dignity Memorial provider nationwide.

Subject to terms and conditions, including that the child or grandchild must be under the age of 21 and unmarried. Not available in MD.

THE COMPASSION HELPLINE®

The Compassion Helpline offers families unlimited complimentary phone access to professional grief counselors for 13 months after services are provided by any Dignity Memorial provider throughout North America. In addition, anyone who attends a visitation, chapel or memorial service will have three months access to the Compassion Helpline.

Services provided by Charles Nechtem Associates, Inc.

DIGNITY MEMORIAL GUIDANCE SERIES®

Losing someone close to you and the accompanying grief can be hard to comprehend. Our Guidance Series, a grief management resource library, was developed to support and comfort anyone dealing with these complex emotions.

FAMILY PROTECTION PLAN

Should you pass away before your purchased cemetery property is paid for, our Family Protection Plan ensures that any remaining balance due to the cemetery will be waived and will not be your family's responsibility.

Some restrictions may apply.

NATIONAL PLAN TRANSFERABILITY

When you have a plan with a Dignity Memorial provider and move more than 75 miles away, your prearranged funeral services are fully transferable and will be honored by any of the more than 2,000 Dignity Memorial providers in North America.

PERSONAL PLANNING GUIDE

The Dignity Memorial Personal Planning Guide is a valuable tool to help you organize vital end-of-life information. It takes you through the planning process step by step and lets you record your final wishes, personal affairs, family heritage, military history, estate information and more into a single, centralized document.

TRANSPORTATION & RELOCATION PROTECTION PLAN

The unexpected death of a loved one can be startling and emotionally difficult to navigate. When that person is far away, it can add an additional layer of stress. When this option is selected, with just one phone call, our professionals will take care of all the necessary details to bring your loved one home so that you can focus on honoring their memory.

Program services offered by Medical Air Services Association, Inc. and its affiliates. Not available in KY, NY and SC.

100% DIGNITY SERVICE GUARANTEE

The Dignity Memorial network is the only family of funeral homes and cemeteries that measures the voice of every customer through our customer satisfaction program, administered by J.D. Power and Associates. We are fully committed to service beyond expectation and if there is anything we can do to better serve you before, during or after the service, let us know and we will act on it immediately.

FINAL ARRANGEMENT COMPLETION

This check sheet is designed to help you and your family have an understanding of which specific arrangements you have already made and what arrangements are yet to be taken care of.

It is important to update this document each time add-on arrangements are completed . Your funeral/cemetery professional will initial each part of the arrangement that you complete . If you choose to cancel payment for specific arrangements, those arrangements will cease to be in effect and will have to be arranged on a pre-need basis to be active, or arranged at the time of need .



GENERAL PRICE LIST

PERSONAL PREFERENCES

- Flowers Music/Readings
- Additional

____ / ____ / ____
DATE SELECTED

INTERMENT RIGHTS

- Mausoleum
- Niche
- Lawn Crypt
- Ground Burial
- Cremation Garden

DATE SELECTED
____ / ____ / ____

OUTER BURIAL CONTAINER

DATE SELECTED
____ / ____ / ____

TRANSPORTATION & RELOCATION PROTECTION PLAN

DATE SELECTED
____ / ____ / ____

MEMORIALIZATION

DATE SELECTED
____ / ____ / ____

CASKET/URN

DATE SELECTED
____ / ____ / ____

FUNERAL/MEMORIAL SERVICE

DATE SELECTED
____ / ____ / ____

CEMETERY/SERVICE FEES

DATE SELECTED
____ / ____ / ____



share your plan
with those closest to you.

It's important to let those closest to you know that you've recorded your final wishes and personal information. Keep your completed planner in a safe but familiar place and let others know where it is located.





to my
loved ones.

It's my wish that my final good-bye is a reflection of all I have been and loved. This planner includes personal information and details concerning my final arrangements. Please know that it was thoughtfully prepared with you in mind. I hope these pages will relieve you of some unnecessary stress and guesswork at the time of my death.

I also hope these pages serve as a lasting memory of my life.

To my cherished family and dear friends, I leave these thoughts and my love.

SIGNATURE _____

DATE _____



ASSISTING FAMILY AND FRIENDS

*If you have friends or family members who you believe might find this planner helpful,
please record their contact information here.*

NAME OF RELATIVE/FRIEND

PHONE NUMBER OF CHILDREN

ADDRESS

CITY ST ZIP

RELATIONSHIP

FRIEND

SUGGESTED BY

NAME OF RELATIVE/FRIEND

PHONE NUMBER OF CHILDREN

ADDRESS

CITY ST ZIP

RELATIONSHIP

FRIEND

SUGGESTED BY

NAME OF RELATIVE/FRIEND

PHONE NUMBER OF CHILDREN

ADDRESS

CITY ST ZIP

RELATIONSHIP

FRIEND

SUGGESTED BY

NAME OF RELATIVE/FRIEND

PHONE NUMBER OF CHILDREN

ADDRESS

CITY ST ZIP

RELATIONSHIP

FRIEND

SUGGESTED BY

NAME OF RELATIVE/FRIEND

PHONE NUMBER OF CHILDREN

ADDRESS

CITY ST ZIP

RELATIONSHIP

FRIEND

SUGGESTED BY

NAME OF RELATIVE/FRIEND

PHONE NUMBER OF CHILDREN

ADDRESS

CITY ST ZIP

RELATIONSHIP

FRIEND

SUGGESTED BY

Dignity®
MEMORIAL
MEMORIAL

☿ LIFE WELL CELEBRATED® ☿

1-800-DIGNITY
1-800-DIGNITY
(1-800-344-6489)
(1-800-344-6489)

DignityMemorial.com
DignityMemorial.com