

WISHES, THOUGHTS, & MEMORIES: A KEEPSAKE PORTFOLIO

*Thoughtful*  
DECISIONS  
GUIDE



*Life is the sum  
of all your choices*

ALBERT CAMUS

# To my loved ones

I have prepared this keepsake for you and those I care about.

In this planning guide, I have recorded information that I truly hope will eliminate as much grief, anxiety, and expense as possible at my time of passing. As my survivors, you will be faced with the challenge of making many important decisions in a short amount of time. It is my heartfelt intent that this guide assists you and relieves most of the burden and distress associated with planning my funeral.

Inside, you will find a brief overview of my life, a listing of those most dear to me, and some of my most precious memories. I pray this information will aid you in preparation of any obituary, eulogy, or other remembrances, and serve as a record of my family genealogy and history.

I have also included wishes for my funeral service, cemetery preference, and other information to help you plan the details of my service for your peace of mind, as well as my own.

By honoring these wishes, thoughts, and memories, you will be able to celebrate our time together, leaving you with an unforgettable impression of my life.

I have completed this guide as thoroughly and with as much love and foresight as I possibly could. I sincerely hope that honoring these wishes, thoughts, and memories will lessen any burdens you may carry at my time of passing and allow you to celebrate our time together.

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*Signature*

*Date*

# MY HISTORY

This section provides your loved ones with personal information about you.

This information may only be known by you. Without this, your loved ones will not be able to file important and necessary papers upon your death. Having this information readily available for your loved ones eases stress during an already emotionally stressful time.

## *My personal information*

Full Legal Name \_\_\_\_\_  
*First Middle Last*

Street Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Date Retired \_\_\_\_\_

Type of Business \_\_\_\_\_ Years Employed \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

# MY HISTORY

## Education

High School \_\_\_\_\_  
*Name* *State*

College \_\_\_\_\_  
*Name* *State*

Graduate School \_\_\_\_\_  
*Name* *State*

Other Higher Education \_\_\_\_\_  
*Name* *State*

## Marital status

Married Date \_\_\_/\_\_\_/\_\_\_ Spouse's Name \_\_\_\_\_

Single  Divorced  Widowed Date \_\_\_/\_\_\_/\_\_\_

## Military information

Location of Discharge Papers \_\_\_\_\_

Dates of Service \_\_\_\_\_

Branch of Service/Rank \_\_\_\_\_

Service Number \_\_\_\_\_

Wars/Conflicts Served \_\_\_\_\_

Awards for Valor/Merit \_\_\_\_\_

Place/Date Discharged \_\_\_\_\_

## Church/organizations/memberships

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

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

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

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

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

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

# *Personal wishes for my loved ones*

The details of your final arrangements can be handled with ease and assurance by providing your loved ones with this information. They will be reassured that the decisions they are making honor the life you lived and fulfill your last wishes.

## *How do you want to be remembered?*

Celebration of Life

Traditional Format

Funeral Home \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (      ) \_\_\_\_\_

To eliminate burden and hardship for my loved ones, I have...

Prearranged my funeral

Prefunded my funeral

Type of Ceremony

Traditional

Military

Fraternal

Graveside

Memorial

Lodge Rites

Public Gathering

Private Family Viewing

Other \_\_\_\_\_

Location of Ceremony

Funeral Home

Graveside

Church

Other

Location of Visitation/Gatherings

Funeral Home

Church

Other

Floral Request \_\_\_\_\_ Florist \_\_\_\_\_

Memorial Contributions \_\_\_\_\_

Music \_\_\_\_\_

Clothing

Mine

Purchase New Clothes

Jewelry

Leave On

Remove

Give To \_\_\_\_\_

Newspaper Notice

Yes

No

Photo

Name(s) of Newspapers \_\_\_\_\_

# WISHES

Pall Bearers \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

Honorary Pall Bearers \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

Type of Casket     Wood     Metal  
Type of Vault     Concrete     Steel  
Type of Urn \_\_\_\_\_

Cemetery Property     Yes     No  
Lot Description    Section \_\_\_\_\_ Lot No. \_\_\_\_\_ Space No. \_\_\_\_\_

Deed Owner/Location \_\_\_\_\_  
*Do not keep the deed in a safety deposit box.*

Interment     Burial     Mausoleum  
Inurnment     Cremation     Ground Burial  
 Niche/Columbarium     Scattering  
 Divide \_\_\_\_\_  
\_\_\_\_\_

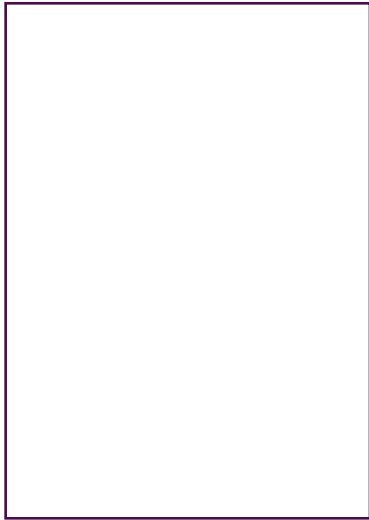
Type of Cemetery Memorial     Companion     Individual

*“Advanced funeral planning gives you the peace of mind that comes with knowing your funeral arrangements are taken care of while lessening the burden on your survivors.”*  
*American Association of Retired Persons*

# MY LIFE STORY

## Tribute obituary

The tribute obituary is your life story. It should include important milestones in your life. Elaborate on why those milestones were important to you, your family, and your friends. As you write your life's journey, remember to include awards received, organizations you attended, memberships, and special events.



MY FAVORITE PHOTO

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*(Continue on a separate sheet if needed and attach to this page.)*

## Funeral notice

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# *My family tree*

My Mother's Parents

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My Father's Parents

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My Mother

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My Father

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Me

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My Spouse

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My Children

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My Grandchildren

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My Great-grandchildren

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## *Additional notes*

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# My children

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      )      Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      )      Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      )      Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      )      Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Grandchildren \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Great-grandchildren \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(List others on a separate sheet if needed and attach to this page.)*

# *My brothers & sisters*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

*(List others on a separate sheet if needed and attach to this page.)*

# *My relatives*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

*(List others on a separate sheet if needed and attach to this page.)*

# FRIENDSHIP

## *Others whom I cherish*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (      ) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

*(List others on a separate sheet if needed and attach to this page.)*

# PERSONAL INFORMATION

## *Personal papers, documents, & insurance information*

This section can help your survivors tremendously by telling them where everything is kept. This eliminates a search and gives your loved ones the peace of mind knowing that nothing has been missed.

### *Important document locations*

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

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

Marriage Certificate(s) \_\_\_\_\_

Divorce Papers \_\_\_\_\_

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

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

Automobile Records \_\_\_\_\_

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

Safe Deposit Box \_\_\_\_\_

Location of Keys for SDB \_\_\_\_\_

Bank Accounts \_\_\_\_\_

*Name of Bank*                      *Account Number*                      *Type of Account*

\_\_\_\_\_  
*Name of Bank*                      *Account Number*                      *Type of Account*

\_\_\_\_\_  
*Name of Bank*                      *Account Number*                      *Type of Account*

Credit Cards \_\_\_\_\_

*Name of Card*                      *Account Number*

\_\_\_\_\_  
*Name of Card*                      *Account Number*

\_\_\_\_\_  
*Name of Card*                      *Account Number*

Safe Combination \_\_\_\_\_

# PERSONAL INFORMATION

## *Will*

Attorney \_\_\_\_\_ ( )  
*Name Telephone Number*

Location \_\_\_\_\_  
*City State Zip*

Executor of my Will \_\_\_\_\_ ( )  
*Name Telephone Number*

Power of Attorney  Yes  No Type \_\_\_\_\_  
\_\_\_\_\_ ( )  
*Name Telephone Number*

Living Will  Yes  No

The person designated under my medical power of attorney is  
\_\_\_\_\_ ( )  
*Name Telephone Number*

## *Funeral plan/other insurance policies*

Location of Policies	Insurance Company	Reason Purchased	Policy #	Policy Amount
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## *401(K) IRA/retirement plan benefits*

Location \_\_\_\_\_

## *Investment accounts & documents*

Location \_\_\_\_\_

Description of Securities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# *Personal remembrances of my life with you*

My fondest memory with my family\_\_\_\_\_

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One of my greatest inspirations\_\_\_\_\_

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My greatest accomplishments\_\_\_\_\_

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If I could live my life over again, I would\_\_\_\_\_

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I would most like to be remembered for\_\_\_\_\_

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My fondest childhood memories\_\_\_\_\_

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My greatest lesson in life\_\_\_\_\_

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# LIFE STORY

## *A few of my favorite things & interests*

Favorite Place \_\_\_\_\_

Favorite Song or Music \_\_\_\_\_

Favorite Poem or Scripture \_\_\_\_\_

Favorite Flower \_\_\_\_\_

Favorite Food \_\_\_\_\_

Favorite Movie or Play \_\_\_\_\_

Favorite Color \_\_\_\_\_

Hobbies or Interests \_\_\_\_\_

My Pets \_\_\_\_\_

Additional Thoughts \_\_\_\_\_

\_\_\_\_\_

Individual(s) who have had the greatest impact on my life \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Message to my loved ones \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

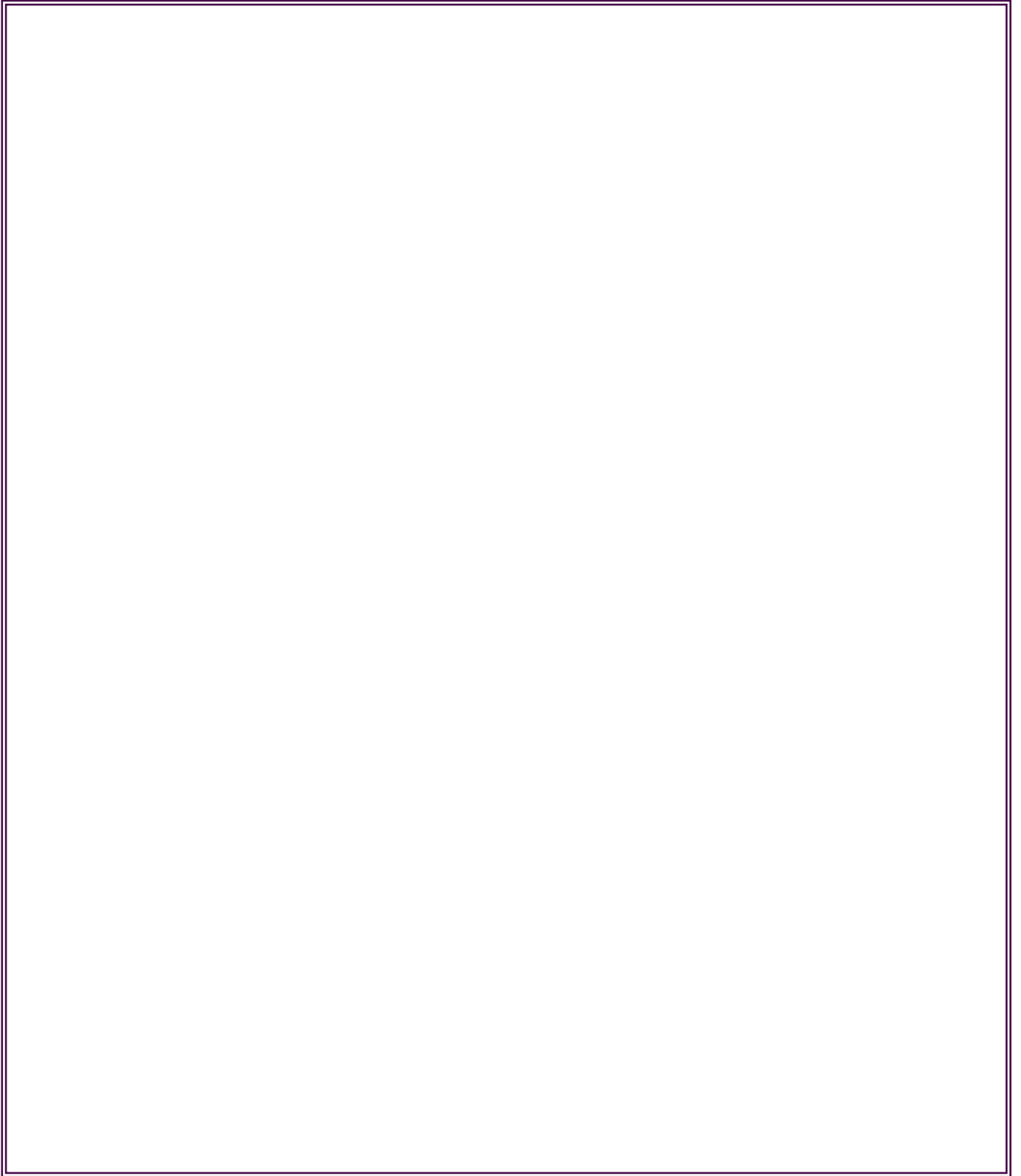
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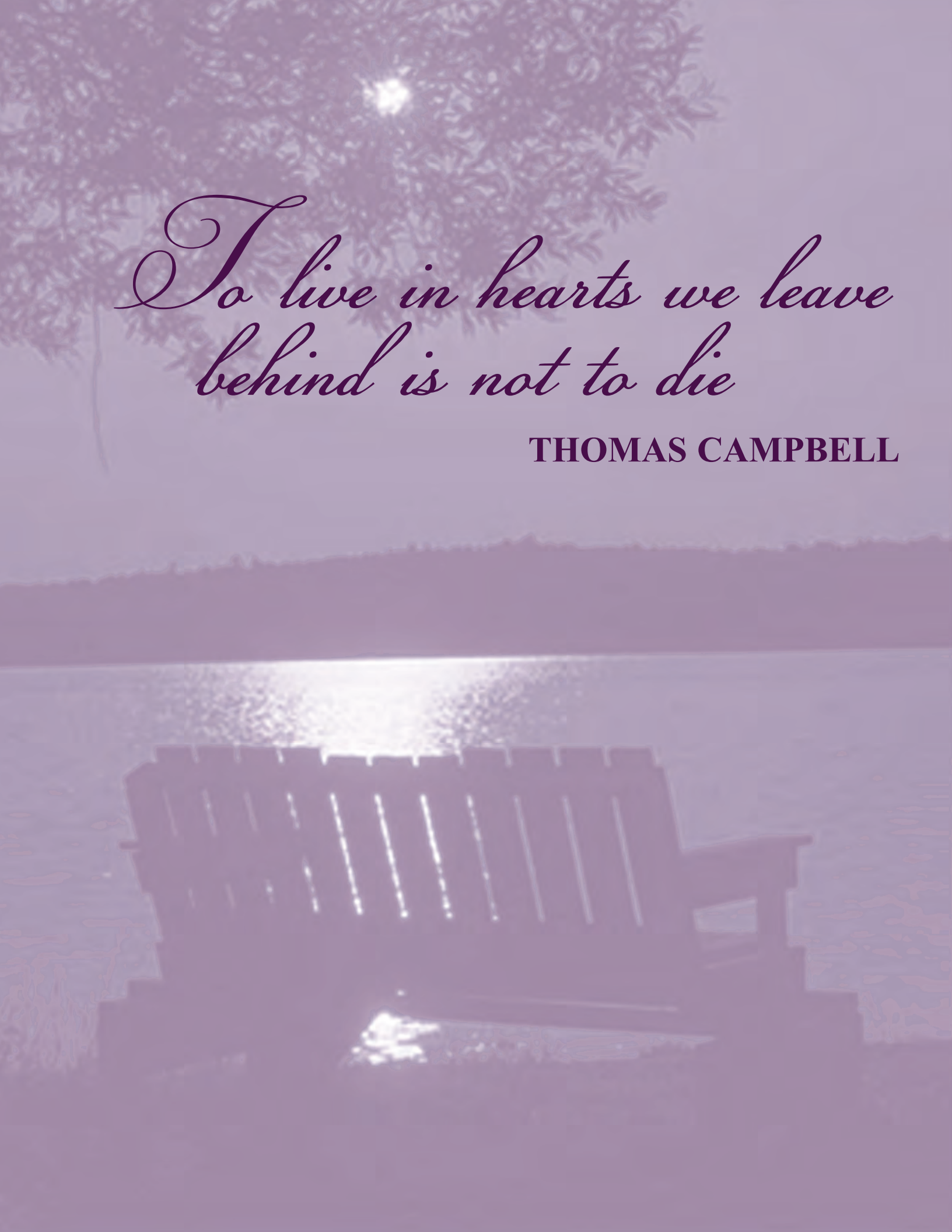
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\_\_\_\_\_

*Photos & mementos*





*To live in hearts we leave  
behind is not to die*

**THOMAS CAMPBELL**



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