



HERITAGE

FUNERAL HOME

PERSONAL PLANNING  
PORTFOLIO



*Our Community is Our Heritage.*

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# HERITAGE

FUNERAL HOME

## PERSONAL PLANNING PORTFOLIO

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# HUSBAND'S VITAL STATISTICS

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

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

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation (or retired from): \_\_\_\_\_

Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Married; \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_

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

Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Education: \_\_\_\_\_ Years: \_\_\_\_\_ Degrees: \_\_\_\_\_

# MILITARY STATISTICS

Branch of Service \_\_\_\_\_ Service Serial Number: \_\_\_\_\_

Date Entered Service \_\_\_\_\_ Place: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Place: \_\_\_\_\_

Grade, Rank or Rating: \_\_\_\_\_

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

\_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## WIFE'S VITAL STATISTICS

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

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

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation (or retired from): \_\_\_\_\_

Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Married; \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_

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

Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Education: \_\_\_\_\_ Years: \_\_\_\_\_ Degrees: \_\_\_\_\_

## MILITARY STATISTICS

Branch of Service \_\_\_\_\_ Service Serial Number: \_\_\_\_\_

Date Entered Service \_\_\_\_\_ Place: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Place: \_\_\_\_\_

Grade, Rank or Rating: \_\_\_\_\_

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

\_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# HUSBAND'S FUNERAL SERVICE INSTRUCTIONS

Funeral Home: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Service Location:     Church     Funeral Home     Gravesite: \_\_\_\_\_

Church Preference: \_\_\_\_\_

Clergyman: \_\_\_\_\_

Lodge/Veteran Service By: \_\_\_\_\_

Casket: \_\_\_\_\_

Obituary     Yes     No \_\_\_\_\_

Music Selections: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Clothing: \_\_\_\_\_

Floral Description: \_\_\_\_\_

Jewelry: \_\_\_\_\_

Glasses On:     Yes     No \_\_\_\_\_

Other Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pallbearers:	Name	Address	Telephone
--------------	------	---------	-----------

1.	_____	_____	_____
----	-------	-------	-------

2.	_____	_____	_____
----	-------	-------	-------

3.	_____	_____	_____
----	-------	-------	-------

4.	_____	_____	_____
----	-------	-------	-------

5.	_____	_____	_____
----	-------	-------	-------

6.	_____	_____	_____
----	-------	-------	-------











## HUSBAND'S CHILDREN

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

## ORGANIZATIONS TO BE NOTIFIED

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_



## WIFE'S CHILDREN

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

## ORGANIZATIONS TO BE NOTIFIED

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_



# HUSBAND'S HISTORICAL INFORMATION (OBITUARY)

Every individual is deserving of a meaningful obituary written in their memory. It is here that you may list those achievements and accomplishments that have been of pride to you and your family

Education: \_\_\_\_\_ Years: \_\_\_\_\_ Degrees: \_\_\_\_\_

Fraternity/Honor Society: \_\_\_\_\_ Years: \_\_\_\_\_ Position Held: \_\_\_\_\_

Military: \_\_\_\_\_ Years: \_\_\_\_\_ Rank: \_\_\_\_\_

Civic or Public Offices Held: \_\_\_\_\_ Years: \_\_\_\_\_ Where: \_\_\_\_\_

Special Achievements or Recognition: \_\_\_\_\_

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

## TO MY FAMILY

I have completed this guide and made arrangements for the express purpose of relieving you, insofar as possible, of the emotional and financial burden with which most of us are so unfamiliar.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_



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## WIFE'S HISTORICAL INFORMATION (OBITUARY)

Every individual is deserving of a meaningful obituary written in their memory. It is here that you may list those achievements and accomplishments that have been of pride to you and your family

Education: \_\_\_\_\_ Years: \_\_\_\_\_ Degrees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fraternity/Honor Society: \_\_\_\_\_ Years: \_\_\_\_\_ Position Held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Military: \_\_\_\_\_ Years: \_\_\_\_\_ Rank: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Civic or Public Offices Held: \_\_\_\_\_ Years: \_\_\_\_\_ Where: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Achievements or Recognition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### TO MY FAMILY

I have completed this guide and made arrangements for the express purpose of relieving you, insofar as possible, of the emotional and financial burden with which most of us are so unfamiliar.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_









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# ADDITIONAL INFORMATION

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## SOCIAL SECURITY

Husband's Social Security Number: \_\_\_\_\_

Wife's Social Security Number: \_\_\_\_\_

Location of Nearest Social Security Office: \_\_\_\_\_

Telephone: \_\_\_\_\_

**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.

To facilitate receiving Social Security benefits, you will need the following when you contract your Social Security Office:

- |                                  |  |
|----------------------------------|--|
| 1. Social Security Number        | 4. W2 last two years                         |
| 2. Marriage License              | 5. Proof of widow's age if 62 years or older |
| 3. Children's Birth Certificates | 6. Death Certificates                        |

An application for the lump sum death payments 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. Forms have been provided at the back of this book for that purpose. Additional forms may be obtained from the Social Security Office.

## IMPORTANCE OF A WILL

**I**f you die without a will, the state law and the courts determine who will administer your estate, handle financial matters and act as guardian for your minor children. With a will, you can choose.

In some instances, joint ownership of property may not be a good substitute for a carefully drafted will. As a result of a common accident both you and your spouse may die before the survivor has had an opportunity to execute a proper will and the property will pass according to state law.

The law is very exacting in its requirements with respect to the publication, signing and witnessing of wills. It is recommended that this matter be handled by a competent attorney. Homemade wills often do 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...you will find that the attorney's fee for drafting your will and planning your estate is a worthwhile investment.





# Request for Social Security Statement

Please check this box if you want to get your *Statement* in Spanish instead of English.

Please print or type your answers. When you have completed the form, fold it and mail it to us. (If you prefer to send your request using the Internet, contact us at [www.socialsecurity.gov](http://www.socialsecurity.gov))

**1. Name shown on your Social Security card:**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Last Name Only \_\_\_\_\_

**2. Your Social Security number as shown on your card:**

-  -

**3. Your date of birth (Mo.-Day-Yr.):**

-  -

**4. Other Social Security numbers you have used:**

-

-

**5. Your Sex:**  Male  Female

**For items 6 and 8 show only earnings covered by Social Security.** Do NOT include wages from state, local or federal government employment that are NOT covered for Social Security or that are covered ONLY by Medicare.

**6. Show your actual earnings (wages and/or net self-employment income) for last year and your estimated earnings for this year.**

**A. Last year's actual earnings: (Dollars Only)**

\$ ,  .

**B. This year's estimated earnings: (Dollars Only)**

\$ ,  .

**7. Show the age at which you plan to stop working.**

(Show only one age)

**8. Below, show the average yearly amount (not your total future lifetime earnings) that you think you will earn between now and when you plan to stop working. Include performance or scheduled pay increases or bonuses, but not cost-of-living increases.**

If you expect to earn significantly more or less in the future due to promotions, job changes, part-time work, or an absence from the work force, enter the amount that most closely reflects your future average yearly earnings.

If you don't expect any significant changes, show the same amount you are earning now (the amount in 6B).

**Future average yearly earnings: (Dollars Only)**

\$ ,  .

**9. Do you want us to send the *Statement*:**

- To you? Enter your name and mailing address.
- To someone else (your accountant, pension plan, etc.)? Enter your name with "c/o" and the name and address of that person or organization.

\*C/O" or Street Address (include Apt. No., P.O. Box, Rural Route)

Street Address \_\_\_\_\_  
Street Address (If Foreign Address, enter City, Province, Postal Code) \_\_\_\_\_  
U.S. City, State, Zip code (If Foreign Address, enter Name of Country only) \_\_\_\_\_

**NOTICE:**

I am asking for information about my own Social Security record or the record of a person I am authorized to represent. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I authorize you to use a contractor to send the *Social Security Statement* to the person and address in item 9.

**Please sign your name (Do Not Print)**

Date \_\_\_\_\_ (Area Code) Daytime Telephone No. \_\_\_\_\_

### About The Privacy Act

Social Security is allowed to collect the facts on this form under section 205 of the Social Security Act. We need them to quickly identify your record and prepare the *Statement* you asked us for. Giving us these facts is voluntary. However, without them we may not be able to give you a *Statement*. Neither the Social Security Administration nor its contractor will use the information for any other purpose.

### Paperwork Reduction Act Notice

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions.

## Request for *Social Security Statement*

After you complete and return this form, within 4 to 6 weeks we will send you:

- a record of your earnings history and an estimate of how much you have paid in Social Security taxes, and
- estimates of benefits you (and your family) may be eligible for now and in the future.

We're pleased to furnish you with this information and we hope you'll find it useful in planning your financial future.

Social Security is more than just a program for retired people. It helps people of all ages in many ways.

Whether you're young or old, male or female, single or married, Social Security can help you when you need it most. It can help support your family in the event of your death and pay you benefits if you become severely disabled.

If you have questions about Social Security or this form, please call our toll-free number, **1-800-772-1213**.

