



# Serenity Lindsay Funeral Home & Crematorium

## Funeral Planning Guide

*Preparing for the Future, by Planning Today*



***Worksheets and Instructions  
for Creating Your Complete Funeral Plan***



*Serenity Lindsay Funeral Homes & Crematorium*

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## **Save Money When Planning Your Funeral**

When someone suddenly dies, you rarely have the time or emotional energy to shop around for the best prices. To make things worse, few people feel comfortable negotiating prices with a funeral home. The result is that most people spend thousands of dollars more for a funeral, memorial, or graveside service than they must. By organizing your funeral arrangements ahead of time, you can save money and stress for you and your family.

### ***Decide What You Want and Don't Want***

Before you can compare products and prices, you need to make some key decisions about your funeral. It's helpful to group your funeral options into three categories: must have, would be nice to have, and don't want. This will make the selection process easier if you need to eliminate some funeral options due to budgetary constraints. Answering the following questions will help narrow down your options and potential costs:

- Do you want to use a specific funeral home?
- Do you want to be cremated or traditional burial?
- Do you want to a funeral, memorial, or graveside-only service or no service at all?
- Where do you want the service held: funeral home chapel, cemetery, or a church?
- What type of casket or urn do you want?
- Where do you want to be buried?

### ***Maximize Your Budget***

Most people are shocked when they calculate how much a funeral or memorial service will cost. The average cost of a funeral in the Canada averages more than \$8000, but can be significantly more depending on the casket selected and other expensive items. The average cost of a funeral at Serenity Lindsay Funeral Home is significantly less than most funeral homes. After you determine the type of funeral you want and how much you want to spend, you may need to make some adjustments. This is why the huge savings you can attain by pre-planning your funeral arrangements is well worth the time and energy involved.

### ***Compare Prices***

The Internet has created an amazing market in which you can review funeral products and services from the comfort of your home. You can research the products you want, compare prices, watch for sales, and order the products. You can also choose to leave detailed instructions for your family so they know exact what to order and from whom when the time comes.

### ***Negotiate***

There is nothing wrong with negotiating prices with a funeral home or other service provider. This negotiation is also far less stressful when completed before the person has passed away and you're not under time constraints. The funeral business is a very competitive business.

The best way to prepare for and have success with a negotiation is to:

- Decide what funeral products and services you want.
- Determine which products and services you can buy online and for what price.
- Compare the prices for these services at several funeral homes.

If you don't have a preference between several funeral homes, you can use the prices at each to negotiate the best price for the services you want. Because funeral homes offer various funeral packages, you might need to do a little digging to break out the prices for the items you want.

## **Understand Funeral Home Costs**

Funeral homes offer a wide selection of products and services, which can range significantly in price and quality. Be sure to ask for a written itemized price list from the funeral director. Funeral homes are required to provide you with an itemized price list that clearly shows the cost for each product and service that they offer. At Serenity Lindsay Funeral Home & Crematorium our prices include much of what is listed below. Any additional costs will be clearly itemized.

### ***Basic Services of Funeral Home and Director*** (Included at Serenity Lindsay Funeral Home)

This fee typically includes (1) the consultation with the family to discuss the services that the family wants to purchase, (2) coordinating service plans with the cemetery, crematory, and other parties involved in the final disposition of the body, and (3) obtaining official documents and sheltering of the body. This fee for basic services and any overhead is added to the total cost of the funeral arrangements you select. This fee is usually included in charges for direct cremations, immediate burials, and the forwarding or receiving of remains, where embalming is not required.

### ***Embalming*** (Included at Serenity Lindsay Funeral Home)

Except in certain cases, embalming is not required by law. However, if you want a funeral with a viewing of the body or you've scheduled the funeral service and burial for more than a few days after the person passes away, embalming is probably necessary. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as a direct cremation or immediate burial.

### ***Preparation of the Body*** (Included at Serenity Lindsay Funeral Home)

This service usually includes restoration, cosmetology, dressing, and placement of the body in the casket. Additional services, such as a hair cut, hair dressing, and advanced restoration resulting from a severe accident, are extra.

### ***Staff Services*** (Included at Serenity Lindsay Funeral Home)

This fee is for the funeral home staff to direct the funeral or memorial ceremony, usually at the funeral home chapel.

### ***Viewing and Prayer Service (Equipment)***

This fee is for the use of facilities and equipment for a viewing and prayer service at the funeral home, church, or other location. Transportation of the body outside the funeral home is extra.

### ***Funeral Ceremony (Equipment)*** (Included at Serenity Lindsay Funeral Home)

This fee is for the use of facilities and equipment for the funeral ceremony at the funeral home. Transportation of the body outside the funeral home is extra.

### ***Transportation of Remains to Funeral Home*** (Included at Serenity Lindsay Funeral Home)

This fee typically covers transporting the body from within 200 kilometers of the funeral home, but this range varies significantly among funeral homes. Transportation outside of this area is additional fee, often on a cost-per-kilometer basis.

### ***Transportation of Remains to Cemetery*** (Included at Serenity Lindsay Funeral Home)

This fee typically covers transporting the body from the funeral home to the cemetery or other place disposition.

### ***Traditional Funeral Service Package***

This package price usually includes all the services, facilities, and equipment described above.

### ***Memorial Service Package***

This package price usually includes all the facilities, equipment, and staff for a memorial service.

### ***Direct Cremation***

This price is for the cremation and does not include a memorial service. This service typically includes filing the required paperwork for the disposition of the body, care of the body prior to transporting it to the crematory, and coordination with the crematory. It also includes a container to transport the body to the crematory and transportation to the crematory.

### ***Other Funeral Items***

Along with the products and service listed above, you still will need to purchase a:

- Casket or urn in which to place the body or ashes.
- Burial plot at a cemetery.
- Headstone or grave marker.
- Burial vault or grave liner, if required.

As you can imagine caskets, burial plots, and headstones can cost less than \$1000 or well above \$10,000 depending on your selection and location. Because these items are expensive you can save a lot of money by comparing prices and negotiating.

## **Find a Quality Funeral Home**

Funeral homes pride themselves for their patience and compassion during your time of grief. If at any time you feel pressured by them to buy products or services that you don't want, get up and leave. This type of business practice is a red flag that you are not dealing with a quality funeral home or funeral director. There are many others to choose from that will provide excellent services to you and your family.

Another method of finding a good funeral home is to ask friends and family about their experiences with the funeral homes in your area. If they know someone who has passed away recently, they probably have some feedback about the funeral home they used. Just because a funeral home has been in business for many years is not always a good indicator that they provide quality services at a fair price. If a funeral director or staff is evasive about their prices, services, or other questions you ask, you might think twice about using their services. You also want to ensure that the funeral home don't try to sell you items, such as a grave liner or burial vault, unless it is necessary. Most Provinces and counties don't require grave liners to be installed, but some do because of water and drainage issues.

When you meet with a funeral director to discuss the possibility of using the funeral home and its services, bring a friend or family member to help you with decisions and to offer support. Some, but probably not all, of the items that you will discuss include:

- Burial or cremation
- Casket or urn selection
- Final resting place
- Grave liner or vault
- Service location
- Date and time of service
- Visitations and viewings
- Minister or speakers
- Ushers
- Clothing and jewelry for deceased
- Transportation of casket
- Floral arrangements
- Memorial luncheon or dinner
- Music selection
- Memorial cards and thank you cards
- Guest book
- Last occupation
- Doctor's name
- Obituary
- Eulogy
- Pall bearers
- Photographs

## **Purchase a Burial Plot**

Finding a burial plot near your home in a price range you can afford can be challenging. You might have a nice cemetery in mind, only to find out that all the burial plots are sold. This is becoming increasingly common in large cities where real estate prices have soared and cemetery can't afford to expand. Increasing prices, decreasing availability, and the desire to be buried by family members are why many people are choosing to purchase burial plots well in advance of when they might be needed.

There are several ways to locate, price, and purchase burial plots. One way is with the help of a funeral home director, who will know all the cemeteries in your area, approximate prices, and availability. The funeral director should be able to provide you with contact information for each cemetery in your area. Before purchasing a burial plot, be sure to:

- Drive to the cemetery and make sure it meets your expectations for cleanliness, upkeep, and location of the cemetery.
- Walk around the cemetery and compare the available plots, their prices, and your budget to be sure you are getting the best location and price you can.
- Ask about the cost of the plots available, any sales or discounts being offered, prices for purchasing more than one plot, fees for opening and closing the plot (for example, to add an urn at a later date), and any maintenance or other fees set by the cemetery.
- Ask about other benefits associated with the purchase of a burial plot, such as a discount for using the cemetery chapel or other facilities for the memorial service.
- Consider using a mausoleum for an above-ground burial, which might cost less than a traditional in-ground plot.
- Read the purchase agreement very closely to be sure you fully understand all the rules associated with the cemetery. For example, cemeteries typically have specific guidelines for the type, size, and color of headstones and other above-ground amenities.

## Select a Casket or Urn

Caskets come in a variety of materials, sizes, colors, prices, and amenities. The following list shows the most common materials used in caskets:

- **Steel** – One of the most popular materials used for caskets and comes in 16, 18, and 20 gauge steel. The most expensive of these is 16 gauge steel, which is the thickest of the three grades.
- **Stainless Steel** – An alloy of steel and chromium, which provides both strength and a resistance to water and corrosion.
- **Bronze** – An alloy of copper and zinc (or tin), which provides strength, beauty, and durability. Of all the precious and semi-precious metal used for caskets, bronze is considered the most durable.
- **Copper** – A precious metal that is resistant to corrosion and stronger than stainless steel.
- **Cherry** – A dark-red hardwood known for its rich color, deep grain, and durability.
- **Mahogany** – A reddish-brown hardwood used for centuries for furniture and ships because of its beauty and resistance to water.
- **Maple** – A light brown hardwood known for its beauty and durability.
- **Oak** – A medium-brown hardwood beauty known for its durability and resistance to water.
- **Pine** – A light-brown softwood known for its distinctive grain and beauty.
- **Walnut** – A dark hardwood known for its extraordinary beauty, rich color, and density. This is one of the most expensive types of wood on the market today.

Whether you are considering a metal and wood casket, be sure you know exactly what you are paying for. Both types of caskets vary in quality and the thickness of the material used. Many wood caskets are advertised for example as “solid cherry,” “solid cherry exterior, or “cherry veneer.” Be sure the exterior is truly solid and not just a thin layer of cherry. Knowing the details and specifications will allow you to accurately compare models and prices.

Along with the main materials that make up the casket are many accessories that can greatly increase its cost. These can include brass handles, velvet interiors, satin finishes, custom artwork, special pillows, metal inlays, and many other options.

If you choose to be cremated, you will probably an urn as well as or instead of a casket. Fortunately, urns cost less than caskets, often less than \$200. Urns come in a wide variety of shapes, designs, and materials. You can find urns made of brass, marble, stone, wood, ceramic, crystal, and glass. You can choose to have an urn buried at a cemetery, entombed in a mausoleum, or displayed at your home. Once you decide the type of material you want for the urn, you can explore the many options available for personalizing it. For example, you can add a name, date, inscription, photograph, or other amenities at a reasonable cost.

## **Acquire a Will, Healthcare Directive, and Power of Attorney**

Along with making your funeral plans, you need to have a current Last Will and Testament, Living Will (also called a Healthcare Directive), and a Power of Attorney. These legal documents are critical to protect you and your family.

A Last Will and Testament can protect your assets and helps minimize chances of a contest over your estate. If you die without one, your estate will be distributed according to a rigid legal formula and not as you may have wished. Use a will to provide for your family, specify whom you would like to receive property, State your funeral and burial instructions, create a trust for minor children, disinherit a person, and name a guardian for minor children.

A Living Will (also called a Healthcare Directive) specifies whether you would like to be kept on artificial life support if you become permanently unconscious or are otherwise dying and unable to speak for yourself. Estate planning attorneys will commonly create both a Living Will and a Medical Power of Attorney for their clients.

A Power of Attorney gives someone you trust the legal authority to act on your behalf. LegacyWriter offers Powers of Attorney covering a wide range of financial matters and for decisions regarding your health care. A great resource for estate organizing is Friends of The Family Toll Free: 1-877-679-5100 [www.friendsofthefamily.ca](http://www.friendsofthefamily.ca)

# Funeral and Burial Checklist

When a loved one dies, there are many tasks that need to be addressed in a very short amount of time. Don't try to do it all yourself. Enlist the help of family and friends and delegate tasks to them. While many of these tasks can be handled by the funeral home, each task is listed on this worksheet to ensure that important tasks are not missed by you or the funeral home. Other tasks can wait until after the funeral, when you have the time and emotional energy to deal with them.

<b>Immediately After Death</b>			
<input type="checkbox"/>	<p>1. Notify your doctor and funeral home. <b>Serenity Lindsay Funeral Home &amp; Crematorium – Toll Free 1-877-542-4656</b></p> <ul style="list-style-type: none"> <li>• If the death occurs at a hospital or nursing home, the staff will usually contact the attending doctor and the funeral home of your choice.</li> <li>• If the death occurs at home <u>and was unexpected</u>, call 911. If the person was under the care of a doctor and the death was expected, call your doctor instead of calling 911.</li> <li>• If the death occurs in an accident, call 911. An ambulance typically transports the body to the morgue, where the Medical Examiner issues the death certificate. From there, contact the funeral home.</li> </ul>		
<input type="checkbox"/>	<p>2. Contact close family members and friends and make sure any orphaned pets are cared for. The police are required to notify the next of kin, but there are likely other relatives and close friends that should be contacted.</p>		
<b>Make Other Notifications</b>			
<input type="checkbox"/>	<p>1. Contact the executor for the eProvince, which might be an attorney or a family member.</p>		
<input type="checkbox"/>	<p>2. Notify the employer of the deceased, if the person is still employed.</p>		
<input type="checkbox"/>	<p>3. For veterans, notify the veteran's affairs office to apply for a burial allowance, flag, government headstone, and other veteran benefits. For information about benefits and office locations, see <a href="http://www.vac-acc.gc.ca">www.vac-acc.gc.ca</a></p>		
<input type="checkbox"/>	<p>4. Contact insurance companies for instructions about filing claims, especially if you have funeral insurance.</p>		
<b>Prepare to Meet with the Funeral Director</b>			
<input type="checkbox"/>	<p>1. The funeral home will provide Funeral Directors Provincement of Deaths (Death Certificates). To assist with filling out the required documentation you will need the following information.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Full name</li> <li>• Social Insurance Number</li> <li>• Street address and Postal Code</li> <li>• Province, county, and City</li> <li>• Date of birth</li> <li>• Date of death</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Marital status</li> <li>• Was deceased ever in the military</li> <li>• Full name of person's mother and father and birthplace</li> <li>• Highest level of education</li> <li>• Occupation</li> <li>• Doctor's name</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Full name</li> <li>• Social Insurance Number</li> <li>• Street address and Postal Code</li> <li>• Province, county, and City</li> <li>• Date of birth</li> <li>• Date of death</li> </ul>	<ul style="list-style-type: none"> <li>• Marital status</li> <li>• Was deceased ever in the military</li> <li>• Full name of person's mother and father and birthplace</li> <li>• Highest level of education</li> <li>• Occupation</li> <li>• Doctor's name</li> </ul>
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<input type="checkbox"/>	<p>2. Contact the funeral home and schedule an appointment. Initial appointments can last 1–2 hours. Bring a friend or family member with you to help with decisions and offer support. Items that are discussed often include:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Burial or cremation</li> <li>• Casket or urn selection</li> <li>• Final resting place</li> <li>• Grave liner or vault</li> <li>• Service location</li> <li>• Date and time of service</li> <li>• Visitations and viewings</li> <li>• Minister or speakers</li> <li>• Ushers</li> <li>• Clothing and jewelry for deceased</li> <li>• Transportation of casket</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Floral arrangements</li> <li>• Memorial luncheon or dinner</li> <li>• Music</li> <li>• Memorial cards and thank you cards</li> <li>• Guest book</li> <li>• Last occupation</li> <li>• Doctor's name</li> <li>• Obituary</li> <li>• Eulogy</li> <li>• Pall bearers</li> <li>• Photographs</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Burial or cremation</li> <li>• Casket or urn selection</li> <li>• Final resting place</li> <li>• Grave liner or vault</li> <li>• Service location</li> <li>• Date and time of service</li> <li>• Visitations and viewings</li> <li>• Minister or speakers</li> <li>• Ushers</li> <li>• Clothing and jewelry for deceased</li> <li>• Transportation of casket</li> </ul>	<ul style="list-style-type: none"> <li>• Floral arrangements</li> <li>• Memorial luncheon or dinner</li> <li>• Music</li> <li>• Memorial cards and thank you cards</li> <li>• Guest book</li> <li>• Last occupation</li> <li>• Doctor's name</li> <li>• Obituary</li> <li>• Eulogy</li> <li>• Pall bearers</li> <li>• Photographs</li> </ul>
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<b>After Meeting with the Funeral Director</b>	
<input type="checkbox"/>	1. Contact the minister, if you plan to use one, and coordinate his schedule with the funeral home.
<input type="checkbox"/>	2. When the date, time, and location of the funeral and burial is set, assign a friend or family member to contact everyone that you want to invite to the funeral. Don't forget to contact the church, clubs, and other organizations of the deceased so members can attend the funeral. This task needs to be done as soon as possible after the date is set so people can make arrangements to attend, especially if they are coming from out of town.
<input type="checkbox"/>	3. For out of town guests, locate a hotel near your home that you can recommend. Hotels will usually offer special rates for rooms if you tell them you plan to book numerous rooms.
<input type="checkbox"/>	4. Write the obituary and arrange for it to be published. (This is usually handled by the funeral home) It's important to publish the obituary as soon as possible because people may want to attend the funeral that haven't heard about the death.
<input type="checkbox"/>	5. Decide whether you want viewings of the body to be private (family only) or public. You also need to decide whether to have an open or closed casket during the funeral service.
<input type="checkbox"/>	6. Purchase a casket or urn and a burial plot or crypt.
<input type="checkbox"/>	7. Purchase a headstone or marker. You can do this before or after the funeral and burial.
<input type="checkbox"/>	8. Decide whether you want a grave liner or vault.
<input type="checkbox"/>	9. If you plan to have a reception after the funeral, assign someone to book a facility at or near the funeral home, church, or cemetery. (This can be handled by the funeral home)
<input type="checkbox"/>	10. Arrange for catering for the luncheon and cleanup afterwards. Many churches have facilities for this.
<input type="checkbox"/>	11. Contact a florist and arrange for flowers to be delivered to the funeral home.
<input type="checkbox"/>	12. Notify family and friends whether you want flowers to be sent or whether you want donations made to a charity in lieu of sending flowers. Requesting donations to a charity is very common, especially if the person died of a specific disease, such as cancer, diabetes, or heart failure.
<input type="checkbox"/>	13. Provide a large photograph of the deceased for display at the funeral. You can also provide photo albums, collages, and other displays for the service and luncheon. Photo enlarging and editing can be done by the funeral home.
<input type="checkbox"/>	14. Provide the clothes, jewelry, and other items that you want the person buried in.
<input type="checkbox"/>	15. Provide a photograph showing how you want the person's hair styled for burial and whether you want any specific cosmetics applied. Women usually have specific desires in this area.
<input type="checkbox"/>	16. Make arrangements for the music, performers, and equipment.
<input type="checkbox"/>	17. Purchase a guest book and arrange for someone to greet guests at the funeral and have guests sign the book.
<input type="checkbox"/>	18. Assign several friends or relatives to act as ushers and seat people at the funeral. These people typically hand out programs for the memorial service.
<input type="checkbox"/>	19. Have funeral programs or memorial cards created and handed out to guests at the funeral.
<input type="checkbox"/>	20. Ask six friends or relatives to be pall bearers for the casket. Men are often asked to fill this role, but anyone can do it because six people can easily carry the casket.
<input type="checkbox"/>	21. Decide who you want to give the eulogy at the service. It can be a family member or close friend who knew the person well. You can also have several people give different parts of the eulogy.
<input type="checkbox"/>	22. Arrange for transportation of the casket, family members, and the minister. The funeral home can arrange for a hearse, limousines, and other forms of transportation.

<b>After the Funeral</b>	
<input type="checkbox"/>	1. Schedule an appointment with your accountant to discuss changes to projected taxes. You should do this before the next tax season to ensure that you don't get any unpleasant surprises.
<input type="checkbox"/>	2. Schedule an appointment with your attorney to ensure that all legal issues resulting from the death are addressed and settled. You also need to update all your legal documents if you are a surviving spouse.
<input type="checkbox"/>	3. Contact every credit card company, bank, brokerage, insurance company, and other creditors to which the deceased had accounts. Some bills might be automatically paid from a checking account. Update all the accounts by removing the name of the deceased or by closing the accounts. If you are a surviving spouse, it might be easiest to leave the name of the deceased on the account for several months, close the account, and then open a new account in your name only. Also, if the deceased had a safety deposit box or safe, get the proper permission to open them and examine the contents.
<input type="checkbox"/>	4. Notify the person's doctors of the passing.
<input type="checkbox"/>	5. Notify the person's pharmacies of the passing to ensure that prescriptions are not continued to be filled and charged to the deceased. Many prescriptions are automatically refilled unless the pharmacy is told to stop.
<input type="checkbox"/>	<p>6. Contact CPP office to apply for benefits and to ensure that the Social Insurance Number of the deceased is retired. If the number is not retired, identity theft can occur. When a family member dies, the Canada Pension Administration will need to adjust death benefits of a surviving spouse and children, if they are of appropriate ages. Current benefits for children will automatically change to survivors benefits after the death is reported to the Canada Pension Plan.</p> <p>To file for CPP benefits, you'll need the following items:</p> <ul style="list-style-type: none"> <li>• Proof of your age, if you're a surviving spouse, which can be a copy of your birth certificate.</li> <li>• Proof of support for the deceased, if applying as a dependent parent, child, or grandchild.</li> <li>• The Social Insurance Number card belonging to the deceased or another document proving the Social Insurance Number of the deceased.</li> <li>• Your Social Insurance Number or proof of it, if you are the beneficiary.</li> <li>• A certified copy of your marriage license and copies of divorce papers if you are not the first spouse of the deceased. (certified copies can be done at the funeral home in most cases)</li> <li>• A CPP filing form, which can be obtained from your funeral director or local CPP office.</li> <li>• Birth certificates or other proof of age for all dependents.</li> <li>• A copy of the death certificate. (Funeral Directors Provincement of Death)</li> <li>• All bank account and financial information in the name of the deceased.</li> </ul> <p>For more information, see <a href="http://www.servicecanada.gc.ca/eng/isp/cpp/cpptoc.shtml">www.servicecanada.gc.ca/eng/isp/cpp/cpptoc.shtml</a></p>
<input type="checkbox"/>	7. For pets and animals that have new homes, contact the veterinarians for those animals and give them the updated addresses and phone numbers. This ensures that the new owners will get notifications of upcoming shots and other needed medications. Also, make sure the new owners have all the necessary information about each animal (such as the name of the veterinarian, medications needed, and food requirements) so they know where to take the pet when needed.
<input type="checkbox"/>	8. Consider grief or bereavement counseling. Funeral homes can recommend numerous organizations in your area that specialize in helping you through the grieving process. Also, don't hesitate to call friends and family for support and advice.
<input type="checkbox"/>	9. Contact any employers in which pension funds are held and have them update their records as needed to ensure that your benefits and income are not interrupted.
<input type="checkbox"/>	10. Update all your home and vehicle licenses and titles. The title and registration of the automobiles owned by the deceased must be changed to the name of the person who inherits them. Make an inquiry in writing to the licensing and title division in your Province. Each situation is unique, and each Province has different laws.

# Funeral and Burial Decisions

There are many options available to you when planning a funeral or memorial service. Specifying your plans in advance will save your family thousands of dollars and eliminate the stress of making those decisions for you. Specifying funeral items and services in advance can save you significant amounts of money. Complete the following form with your preferences and then determine which items and services you can take care of now.

<b>Funeral Home</b>	<b>Have you selected a funeral home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → <b>If Yes, list contact information.</b>
	<b>Name:</b> _____
	<b>Address:</b> _____
	<b>Phone Number:</b> _____
	<b>Have you made any arrangements with the funeral home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → <b>If Yes, list them.</b>
<b>Care of the Body</b>	<b>Do you want the body embalmed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>This decision will determine the timing of many other decisions you make. Provincial laws require that bodies not embalmed to be buried sooner than bodies that are embalmed. If you choose cremation, embalming and the cost associated with it can usually be avoided. Cremation is becoming increasingly more common and doesn't preclude a viewing, funeral or memorial service from being held.</p>
	<b>Do you want the body cremated, buried, or entombed in a mausoleum?</b>
	<input type="checkbox"/> <b>Cremated:</b> The funeral home can arrange this service. You'll need a approved container (or urn) for the remains. The cremation service and urn are a method of preparing the body. After cremation, you can hold a funeral or memorial service and then have the urn buried, entombed, or taken home. You may wish to have the body viewed in a casket and have cremation following the viewing or the funeral service. Rental caskets are available.
	<input type="checkbox"/> <b>Buried:</b> Burial of the body, unless performed immediately, requires the body to be embalmed. An urn can also be buried and many cemeteries allow multiple urns to be buried in the same plot.
	<input type="checkbox"/> <b>Entombed:</b> A body or an urn can be entombed in a mausoleum at a cemetery. Mausoleum pricing is determined by the mausoleum location, as well as the mausoleum crypt level. Outdoor mausoleum structures are typically less expensive than indoor mausoleum structures. Upper and lower level crypts are typically less expensive than those located at eye level.
<b>Type of Service</b>	<b>What type of service do you want?</b>
	<input type="checkbox"/> <b>Funeral service:</b> A funeral service is performed with a body in a casket or the remains in an urn and is usually held within a few days of death. The service can be held at your church, the funeral home chapel, or another place of your choosing.
	<input type="checkbox"/> <b>Memorial service:</b> A memorial service, as opposed to a funeral service, is performed with no body or remains present and can therefore be held any time after death. As a result, this type of service can be preferable, especially if you have many out-of-town family members and want to wait until they can attend the service.
	<input type="checkbox"/> <b>Graveside service only:</b> A graveside service, also called a direct burial, is less expensive than a funeral or memorial service. It is held at the cemetery plot or mausoleum.
	<input type="checkbox"/> <b>No service:</b> This is a direct burial, or cremation without a formal service. It is the least expensive form of burial. While many people who plan to have a no-service burial think this will make it easier on their loved ones, it often leaves families and friends without a sense of closure.

<b>Open or Closed Casket</b>	<p><b>Do you want the casket open or closed?</b></p> <p><input type="checkbox"/> <b>Open at the service</b></p> <p><input type="checkbox"/> <b>Closed at the service</b></p>
<b>Location of the Funeral or Memorial Service</b>	<p><b>Where do you want the funeral or memorial service held?</b></p> <p><input type="checkbox"/> <b>Funeral home chapel:</b> Most funeral homes have a chapel on site for small funerals and memorial services. However, if you have many family members and friends that will want to attend the service, you'll probably need to book a larger facility, such as a church.</p> <p><input type="checkbox"/> <b>Cemetery chapel:</b> Most cemeteries have a chapel on site as well.</p> <p><input type="checkbox"/> <b>Church:</b> If you're a member of a church and want the funeral or memorial service held there, list the name of the church, address, phone number, and contact person on the <i>Church, Clubs, and Other Organizations</i> worksheet.</p> <p><input type="checkbox"/> <b>No funeral or memorial service:</b> This might be a graveside service only or no service at all.</p>
<b>Caskets and Urns</b>	<p><b>Do you need a casket or an urn?</b></p> <p><input type="checkbox"/> <b>Casket:</b> Caskets are one of the most expensive items purchased for a funeral. They can be made of metal (such as bronze, copper, and steel), solid wood (such as oak or cherry), and other materials.</p> <p>• Price range: \$ _____</p> <p>• Material: _____</p> <p>• Color: _____</p> <p>• Design: _____</p> <p><input type="checkbox"/> <b>Urn:</b> Cremation urns come in a huge variety of style and colors and therefore vary greatly in price. Basic urns can be less the \$200, while more elaborate ones can cost more than \$1000 and need to be special ordered.</p> <p>• Price range: \$ _____</p> <p>• Material: _____</p> <p>• Color: _____</p> <p>• Design: _____</p> <p><b>Note:</b> You can go online, search for the casket or urn you want (and a burial vault or grave liner if needed), and print a picture and description. Then, when needed, your family will know exactly the type of casket or urn you want. <a href="http://serenityfuneralhome.ca/our_products.html">http://serenityfuneralhome.ca/our_products.html</a></p>
<b>Burial Vault and Grave Liner</b>	<p><b>Do you want to purchase a burial vault or grave liner?</b></p> <p><input type="checkbox"/> <b>Burial vault:</b> A burial vault is designed to protect the casket and is made of metal, concrete, or fiberglass. Metal vaults cost around \$1200. While most Provinces don't require the purchase a burial vault, some cemeteries do require some type of outer burial container to prevent the ground from sinking in. If you are required or choose to purchase a burial vault, specify your preferences:</p> <p>• Price range: \$ _____</p> <p>• Material: _____</p> <p><input type="checkbox"/> <b>Grave liner:</b> A grave liner is a lightweight version of a burial vault. Check with the cemetery to see if a grave liner is required. If you are required or choose to purchase a burial vault, specify your preferences:</p> <p>• Price range: \$ _____</p> <p>• Material: _____</p> <p><b>Note:</b> It's OK to say that you only want to spend the minimum amount required. As for material, burial vaults and grave liner typically come in concrete, metal, fiberglass, and composites. Prices vary tremendously depending on the material, color, and styles.</p>

<b>Cemetery Plot or Mausoleum</b>	<p><b>Where do you want the remains laid to rest?</b></p> <p><input type="checkbox"/> <b>Cemetery plot:</b> You can bury a casket or an urn in a cemetery plot. It's also common to bury several urns in one plot (such as family members), which can save you a lot of money by only having to purchase one plot. (This may be subject to cemetery rules)</p> <p><input type="checkbox"/> <b>Mausoleum:</b> As with a plot, you can bury a casket or an urn in a mausoleum. There are typically far more funeral plots available than spaces in mausoleums. As a result, you should purchase space in advance.</p> <p>If you've already purchased a cemetery plot or mausoleum crypt, give the deed to the funeral director when you make your plans. If you know you've purchased one but don't have the deed in your possession, the funeral director can contact the cemetery to arrange confirmation. Otherwise, one will need to be purchased and the funeral director can assist you. If you've already purchased a cemetery plot or space at a mausoleum, provide the following information:</p> <ul style="list-style-type: none"> <li>• Cemetery Name: _____</li> <li>• Cemetery Address: _____ _____</li> <li>• Phone Number: _____</li> <li>• Plot or Crypt Number: _____</li> </ul> <p><input type="checkbox"/> <b>Other:</b> If the remains are in an urn, you might want to take those remains home with you. You can always have them buried at a later time. You might also want to have the ashes spread somewhere. If so, check with the funeral director for any regulations regarding releasing ashes.</p>						
<b>On or Near the Casket or Urn</b>	<p><b>Do you want any of the following items on or near the casket or urn?</b></p> <p><input type="checkbox"/> <b>Funeral pall:</b> A cloth spread over a casket during the service.</p> <p><input type="checkbox"/> <b>Casket spray:</b> A floral arrangement designed to sit on top of the casket.</p> <p><input type="checkbox"/> <b>Bible, cross, or other symbol of faith:</b> _____</p> <p><input type="checkbox"/> <b>Photograph:</b> A large photo (at least 8x10) that can be seen from the seats during the service.</p> <p><input type="checkbox"/> <b>Other:</b> _____</p>						
<b>Military Honors</b>	<p><b>Is the person eligible for military honors?</b></p> <p><input type="checkbox"/> <b>Yes:</b> Specify _____.</p> <p><input type="checkbox"/> <b>No</b></p>						
<b>Minister</b>	<p><b>Have you selected a minister</b>    <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b> → <b>If Yes, list the contact information.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Name:</b></td> <td>_____</td> </tr> <tr> <td><b>Address:</b></td> <td>_____ _____</td> </tr> <tr> <td><b>Phone Number:</b></td> <td>_____</td> </tr> </table>	<b>Name:</b>	_____	<b>Address:</b>	_____ _____	<b>Phone Number:</b>	_____
<b>Name:</b>	_____						
<b>Address:</b>	_____ _____						
<b>Phone Number:</b>	_____						
<b>Pall Bearers</b>	<p><b>List the names of six people whom you want to be pall bearers:</b></p> <table style="width: 100%;"> <tr> <td>1. _____</td> <td>4. _____</td> </tr> <tr> <td>2. _____</td> <td>5. _____</td> </tr> <tr> <td>3. _____</td> <td>6. _____</td> </tr> </table>	1. _____	4. _____	2. _____	5. _____	3. _____	6. _____
1. _____	4. _____						
2. _____	5. _____						
3. _____	6. _____						
<b>Ushers</b>	<p><b>List the names of several people whom you want to be ushers:</b></p> <table style="width: 100%;"> <tr> <td>1. _____</td> <td>3. _____</td> </tr> <tr> <td>2. _____</td> <td>4. _____</td> </tr> </table>	1. _____	3. _____	2. _____	4. _____		
1. _____	3. _____						
2. _____	4. _____						

# Burial Clothes and Jewelry

Selecting the clothes in which you'll be buried is a deeply personal decision. Along with your clothing, you'll want to specify any jewelry (such as a wedding ring or necklace), cosmetics, and hair style. Funeral homes, as part of their services, will dress the body, add jewelry, apply cosmetics, and style the hair as requested. Providing a photograph with the desired appearance will help the funeral home prepare the body. Most funeral homes also allow you to designate a family member or outside beautician to apply makeup and style the hair.

Along with the photograph mentioned above, it's also wise to take pictures of the specific clothes and jewelry that you wish to wear so your family can easily identify them and provide them to the funeral home.

Category	Description	Photographs
Select all applicable items.	List and describe each item you selected in the first column.	Is the item photographed?
<b>Clothing</b>		
<input type="checkbox"/> Shoes	1. _____	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Socks or stockings	2. _____	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Undergarments	3. _____	3. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Pants	4. _____	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Belt	5. _____	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Shirt or blouse	6. _____	6. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dress or skirt	7. _____	7. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Suit	8. _____	8. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tie		
<input type="checkbox"/> Scarf		
<input type="checkbox"/> Other clothes		
<b>Jewelry</b>		
<input type="checkbox"/> Rings	1. _____	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Watch	2. _____	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Earrings	3. _____	3. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Necklace	4. _____	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Brooch or pin	5. _____	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other jewelry		
<b>Cosmetics</b>		
<input type="checkbox"/> Lipstick	1. _____	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eye liner	2. _____	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eye shadow	3. _____	3. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Blush	4. _____	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fingernail polish (specify color)	5. _____	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Toenail polish (specify color)	6. _____	6. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other cosmetics		
<b>Hair Style</b>		
<input type="checkbox"/> Color my hair	1. _____	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Style my hair	2. _____	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other</b>		
<input type="checkbox"/> Eyeglasses	1. _____	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other items	2. _____	2. <input type="checkbox"/> Yes <input type="checkbox"/> No

# ***Headstones and Grave Markers***

Selecting a headstone or grave marker can be complex because there are so many options available. For example, you can select a simple grave marker that lists the person's name and dates of birth and death for as little as several hundred dollars. You can also select a very elaborate headstone of marble or granite that costs many thousands of dollars. The only limitation is your budget and imagination.

Because it takes time to create a custom headstone, burials are typically performed without one in place. As a result, you can focus on the other aspects of the funeral first and order a headstone or grave marker later.

Most cemeteries regulate headstones and grave markers placed on graves within their grounds. Before ordering a headstone or grave marker, consult with officials at the cemetery where you plan to be buried to ensure that the material, size, and other attributes meet the requirements of the cemetery.

<b>Cemetery</b>	<b>Have you selected a cemetery?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → <b>If Yes, list contact information.</b>	
	<b>Name:</b>	
	<b>Address:</b>	
	<b>Phone Number:</b>	
	<b>Have you purchased a plot at the cemetery?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → <b>If Yes, list location number.</b>	
<b>Material Used</b>	<b>What material do you want used for the headstone or grave marker?</b> <input type="checkbox"/> Granite <input type="checkbox"/> Marble <input type="checkbox"/> Bronze <input type="checkbox"/> Other: _____ <small>Materials vary among suppliers and may only be available in certain styles of headstones and grave markers. If a supplier can't fill your order, most are happier to help you find a supplier who can.</small>	
<b>Material Color</b>	<b>What color do you want?</b> <ul style="list-style-type: none"> <li>• <b>Preference 1:</b> _____ For example, Black – polished.</li> <li>• <b>Preference 2:</b> _____ For example, Blue Pearl – frosted.</li> <li>• <b>Preference 3:</b> _____ For example, Mountain Rose.</li> </ul> <small>The color of materials such as granite and marble (and the patterns within the stone) varies tremendously between suppliers. Also, because these stones are mined, the colors that are available this year may not be available next year. As a result, you should specify several preferences and provide pictures of your selection for easier identification and matching.</small>	<b>Insert Color Picture:</b> <div style="border: 1px solid black; height: 60px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<b>Style</b>	<b>What style do you want?</b> <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Slanted <input type="checkbox"/> Flush <input type="checkbox"/> Other: _____ <small>There are many variations on these basic style categories available for purchase.</small>	

<b>Shape</b>	<p><b>What shape do you want? Draw a simple sketch of what you want.</b></p>     <p>Headstones come in hundreds of standard shapes; too many to list on this form.</p>
<b>Size</b>	<p><b>What size headstone or grave marker do you want?</b></p> <ul style="list-style-type: none"> <li>• <b>Length:</b> _____</li> <li>• <b>Width:</b> _____</li> <li>• <b>Height:</b> _____</li> </ul> <p>The dimensions affect the artwork, text, and other options that you may want to add.</p>
<b>Artwork and Carvings</b>	<p><b>What artwork or carvings do you want?</b></p> <p><input type="checkbox"/> Doves</p> <p><input type="checkbox"/> Angels</p> <p><input type="checkbox"/> Flowers</p> <p><input type="checkbox"/> Photograph</p> <p><input type="checkbox"/> Other: _____</p> <p>Some suppliers offer extensive libraries of available designs that can be carved into your headstone or grave marker. Categories can include music, sports, flags, cars, boats, books, and many other subjects that had a special meaning in the person's life.</p>
<b>Message and Other Text</b>	<p><b>What text do you want on the headstone or grave marker?</b></p> <ul style="list-style-type: none"> <li>• <b>Name as you want it to appear:</b> _____ For example, Bob W. Smith, Robert W. Smith, or Robert William Smith.</li> <li>• <b>Date format:</b> _____ For example, January 18, 1923, Jan. 18, 1923, or 1-18-1923.</li> <li>• <b>Font:</b> _____ The fonts that are available for you message varies depending on the supplier.</li> <li>• <b>Font Color:</b> _____ For example, gray and black.</li> <li>• <b>Short Phrase:</b> _____ For example, Beloved Wife and Mother or Rest in Peace.</li> <li>• <b>Longer Message:</b> _____ For example, a Bible verse such as Psalm 23, "The Lord is my shepherd."</li> </ul> <p>Depending on the size of the headstone or grave marker, you may have limited space for your text or need to pay more for additional text.</p>
<b>Accessories</b>	<p><b>What artwork or carvings do you want?</b></p> <p><input type="checkbox"/> Solar-powered lantern                      <input type="checkbox"/> Bench</p> <p><input type="checkbox"/> Flower container                                <input type="checkbox"/> Flag holder</p> <p><input type="checkbox"/> Other: _____</p> <p>Check with the cemetery to ensure that these items are allowed.</p>

## ***Viewings and Visitations***

A viewing of the body can take place at the funeral home, in the family's home, or at the church prior to the actual funeral service. Viewings can be private (open only to the specific family members and friends) or open to anyone who want to pay their respects. You might also want to provide a venue for people to visit the body but not want the casket open. The choice is up to you.

<b>Location</b>	<p><b>Where do you want the viewing or visitation to take place?</b></p> <p><input type="checkbox"/> <b>Funeral home</b></p> <p><input type="checkbox"/> <b>Family residence</b></p> <p><input type="checkbox"/> <b>Church</b></p> <p><input type="checkbox"/> <b>Other:</b> _____</p> <hr/> <p><b>Name:</b> _____</p> <hr/> <p><b>Address:</b> _____</p> <hr/> <p><b>Phone Number:</b> _____</p> <hr/> <p style="background-color: #e0e0e0;">If this is a private residence, list the name of the person who owns the house.</p>
<b>Open or Closed Casket</b>	<p><b>Do you want the casket open or closed?</b></p> <p><input type="checkbox"/> <b>Open for viewing.</b></p> <p><input type="checkbox"/> <b>Closed – open for visitation only.</b></p>
<b>Times for Viewing or Visitation</b>	<p><b>When do you want the viewing or visitation?</b></p> <p><input type="checkbox"/> <b>Day before the funeral.</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>Morning.</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>Afternoon.</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>Evening.</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>All day.</b></p> <p><input type="checkbox"/> <b>Day of the funeral.</b></p> <p><input type="checkbox"/> <b>Other:</b> _____</p> <hr/> <p style="background-color: #e0e0e0;">The times and dates of the viewing are, of course, dependent on many factors.</p>
<b>Items to be Displayed</b>	<p><b>What items do you want displayed at the viewing?</b></p> <p><input type="checkbox"/> <b>Photographs:</b> _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> <b>Flowers:</b></p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> <b>Bible, <u>cross</u>, or other symbol of faith:</b></p> <p>_____</p> <p>_____</p> <p>1. <span style="float: right;"><input type="checkbox"/> <b>Other:</b> _</span></p> <hr/> <p style="background-color: #e0e0e0;">Coordinate with the facility hosting the viewing to have these items displayed.</p>

# Funeral Gatherings and Wakes

It's very common for the family of the deceased to host a gathering or wake after the funeral. This gathering can be at the family's home, a restaurant, or a facility near the church, in the funeral home or where the service is held. Food and drinks are often provided and can be catered or provided by friends. Try to delegate all the tasks related to planning and catering the event because family members will be very busy greeting and speaking with guests.

The gathering provides a wonderful opportunity for people to meet and get reacquainted. It also provides an opportunity for family and friends to grieve, support each other, and celebrate the life of a loved friend.

<b>Location</b>	<p><b>Where do you want the gathering held?</b></p> <p><input type="checkbox"/> Family residence</p> <p><input type="checkbox"/> Funeral Home</p> <p><input type="checkbox"/> Church</p> <p><input type="checkbox"/> Other facility: _____</p> <p>_____</p>
	Name:
	Address:
	Phone Number:
	If this is a private residence, list the name of the person who owns the house.
<b>Preference Times</b>	<p><b>When do you want the gathering held?</b></p> <p><input type="checkbox"/> Evening before the funeral</p> <p><input type="checkbox"/> Evening of the funeral</p> <p><input type="checkbox"/> Immediately following the funeral</p> <p><input type="checkbox"/> Immediately following the burial</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p>
	If you want more than one gathering, mark each preference. For example, you might want to hold a small family gathering the evening before the funeral at your home and another gathering after the service at the church annex for anyone who wants to attend.
<b>Flowers</b>	<p><b>Do you want flowers at the gathering?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify: _____</p> <p>_____</p> <p>_____</p>
	You might want the flowers transported from the funeral service to the gathering or new flowers to be delivered.
<b>Music</b>	<p><b>Do you want music played at the gathering?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify: _____</p> <p>_____</p> <p>_____</p>
	For example, you might want to play recorded music, in which case you'll need to delegate someone to coordinate with the facility hosting the gathering. You might also want to hire a musician to play a piano.

<b>Photos</b>	<p><b>Do you want photos displayed at the gathering?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify: _____</p> <p>_____</p> <p>_____</p>						
<b>Catering</b>	<p><b>Whom do you want to provide the food and beverages?</b></p> <p><input type="checkbox"/> Provided by family and friends</p> <p><input type="checkbox"/> Catered by a funeral home or catering company</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <table border="1" data-bbox="380 676 1476 886"> <tr> <td data-bbox="380 676 618 722"><b>Name:</b></td> <td data-bbox="618 676 1476 722"></td> </tr> <tr> <td data-bbox="380 722 618 835"><b>Address:</b></td> <td data-bbox="618 722 1476 835"></td> </tr> <tr> <td data-bbox="380 835 618 886"><b>Phone Number:</b></td> <td data-bbox="618 835 1476 886"></td> </tr> </table> <p>List the name of the catering company or the person whom you want to coordinate the food and beverages.</p>	<b>Name:</b>		<b>Address:</b>		<b>Phone Number:</b>	
<b>Name:</b>							
<b>Address:</b>							
<b>Phone Number:</b>							
<b>Menu</b>	<p><b>What food and beverages do you want served at the gathering?</b></p> <p><input type="checkbox"/> Let the family decide</p> <p><input type="checkbox"/> I want to detail the menu: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>You might want to delegate the menu selection to someone whose tastes you trust</p>						
<b>Rentals</b>	<p><b>Do you need to rent anything for the gathering?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify: _____</p> <p>_____</p> <p>_____</p> <p>For example, you might need to rent tables, chairs, linen, umbrellas, or tents, especially if you plan to host the gathering at someone's home.</p>						
<b>Budget</b>	<p><b>Do you want to set a budget for the gathering?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify: _____</p> <p>_____</p> <p>_____</p>						

## ***Flowers, Cards, and Donations***

Flowers and cards are customary ways people express sympathy to the family of the deceased. However, it is becoming increasingly common for families to request that friends donate to a specific charity in lieu of sending flowers. This is especially true when the person has died of a specific disease, such as cancer or diabetes.

Record your preferences so your friends and family can be notified when the time comes.

<b>Flowers and Sympathy Cards</b>	<b>Where do you want flowers and sympathy cards sent?</b>
	<input type="checkbox"/> <b>Funeral home</b> <input type="checkbox"/> <b>Family residence</b> <input type="checkbox"/> <b>Church</b> <input type="checkbox"/> <b>No flowers please</b> <input type="checkbox"/> <b>Other: _____</b>
	<b>Name:</b> _____
	<b>Address:</b> _____
	<b>Phone Number:</b> _____
If this is a private residence, list the name of the person who owns the house.	
<b>Floral Preferences</b>	<b>What types of flowers or plants do you want?</b>
	<input type="checkbox"/> <b>Standing spray:</b> _____
	<input type="checkbox"/> <b>Casket spray:</b> _____
	<input type="checkbox"/> <b>Sympathy Wreath:</b> _____
	<input type="checkbox"/> <b>Vase of flowers:</b> _____
	<input type="checkbox"/> <b>Potted flowers:</b> _____
	<input type="checkbox"/> <b>Sympathy basket:</b> _____
<input type="checkbox"/> <b>Other:</b> _____	
Specify the types of flowers or plants, including your color preferences.	
<b>Charitable Donations</b>	<b>Do you want money donated to a charity or organization in lieu of flowers?</b>
	<input type="checkbox"/> <b>No</b>
	<input type="checkbox"/> <b>Yes. Please donate to the following:</b>
	<b>Name:</b> _____
	<b>Address:</b> _____
	<b>Phone Number:</b> _____
	_____
	<b>Name:</b> _____
	<b>Address:</b> _____
<b>Phone Number:</b> _____	

# ***Music, Poems, and Bible Verses***

The music, poems, and Bible verses that you select for your funeral service are a great way to express yourself and tell your friends and family what you value. For example, your selection might be a combination of spiritual, classical, and whimsical music, showing the many different aspects of your personality. Or, you might choose more traditional music, such as Amazing Grace.

Poems and Bible verses are commonly used at memorial services to illustrate your particular passions and interests. You might even have specific people in mind to sing each song or recite a specific poem or Bible verse. Recording this information will be helpful if you decide to design the program that will be handed out at the memorial service.

<b>Song Title:</b> <small>List the title of the song.</small>		<b>Artist Name:</b> <small>List the name of the artist.</small>	
<b>If the music will be sung, how do you want it performed?</b>	<input type="checkbox"/> <b>Sung by the artist using a recording.</b> <input type="checkbox"/> <b>Sung by a friend whose name is:</b> <input type="checkbox"/> <b>Sung by a professional, who will be selected by:</b>		
<b>If the music is instrumental, how do you want it performed?</b>	<input type="checkbox"/> <b>Played by the artist using a recording.</b> <input type="checkbox"/> <b>Played by a friend whose name is:</b> <input type="checkbox"/> <b>Played by a professional, who will be selected by:</b>		
<b>On what instrument do you want the music performed?</b> <small>For example, piano, harp, or bagpipes.</small>			
<b>Where can the music (lyrics, sheets music, or recordings) be found?</b> <small>For example, a Web site or a CD that you own.</small>			
<b>When do you want this song performed?</b> <small>For example, while people are being seated, after the main eulogy, or at the graveside.</small>			
<b>Song Title:</b>		<b>Artist Name:</b>	
<b>If the music will be sung, how do you want it performed?</b>	<input type="checkbox"/> <b>Sung by the artist using a recording.</b> <input type="checkbox"/> <b>Sung by a friend whose name is:</b> <input type="checkbox"/> <b>Sung by a professional, who will be selected by:</b>		
<b>If the music is instrumental, how do you want it performed?</b>	<input type="checkbox"/> <b>Played by the artist using a recording.</b> <input type="checkbox"/> <b>Played by a friend whose name is:</b> <input type="checkbox"/> <b>Played by a professional, who will be selected by:</b>		
<b>On what instrument do you want the music performed?</b>			
<b>Where can the music (lyrics, sheets music, or recordings) be found?</b>			
<b>When do you want this song performed?</b>			
<b>Song Title:</b>		<b>Artist Name:</b>	
<b>If the music will be sung, how do you want it performed?</b>	<input type="checkbox"/> <b>Sung by the artist using a recording.</b> <input type="checkbox"/> <b>Sung by a friend whose name is:</b> <input type="checkbox"/> <b>Sung by a professional, who will be selected by:</b>		
<b>If the music is instrumental, how do you want it performed?</b>	<input type="checkbox"/> <b>Played by the artist using a recording.</b> <input type="checkbox"/> <b>Played by a friend whose name is:</b> <input type="checkbox"/> <b>Played by a professional, who will be selected by:</b>		
<b>On what instrument do you want the music performed?</b>			
<b>Where can the music (lyrics, sheets music, or recordings) be found?</b>			
<b>When do you want this song performed?</b>			

<b>Song Title:</b>		<b>Artist Name:</b>
If the music will be sung, how do you want it performed?	<input type="checkbox"/> Sung by the artist using a recording. <input type="checkbox"/> Sung by a friend whose name is: <input type="checkbox"/> Sung by a professional, who will be selected by:	
If the music is instrumental, how do you want it performed?	<input type="checkbox"/> Played by the artist using a recording. <input type="checkbox"/> Played by a friend whose name is: <input type="checkbox"/> Played by a professional, who will be selected by:	
On what instrument do you want the music performed?		
Where can the music (lyrics, sheets music, or recordings) be found?		
When do you want this song performed?		
<b>Song Title:</b>		<b>Artist Name:</b>
If the music will be sung, how do you want it performed?	<input type="checkbox"/> Sung by the artist using a recording. <input type="checkbox"/> Sung by a friend whose name is: <input type="checkbox"/> Sung by a professional, who will be selected by:	
If the music is instrumental, how do you want it performed?	<input type="checkbox"/> Played by the artist using a recording. <input type="checkbox"/> Played by a friend whose name is: <input type="checkbox"/> Played by a professional, who will be selected by:	
On what instrument do you want the music performed?		
Where can the music (lyrics, sheets music, or recordings) be found?		
When do you want this song performed?		
<b>Song Title:</b>		<b>Artist Name:</b>
If the music will be sung, how do you want it performed?	<input type="checkbox"/> Sung by the artist using a recording. <input type="checkbox"/> Sung by a friend whose name is: <input type="checkbox"/> Sung by a professional, who will be selected by:	
If the music is instrumental, how do you want it performed?	<input type="checkbox"/> Played by the artist using a recording. <input type="checkbox"/> Played by a friend whose name is: <input type="checkbox"/> Played by a professional, who will be selected by:	
On what instrument do you want the music performed?		
Where can the music (lyrics, sheets music, or recordings) be found?		
When do you want this song performed?		
<b>Song Title:</b>		<b>Artist Name:</b>
If the music will be sung, how do you want it performed?	<input type="checkbox"/> Sung by the artist using a recording. <input type="checkbox"/> Sung by a friend whose name is: <input type="checkbox"/> Sung by a professional, who will be selected by:	
If the music is instrumental, how do you want it performed?	<input type="checkbox"/> Played by the artist using a recording. <input type="checkbox"/> Played by a friend whose name is: <input type="checkbox"/> Played by a professional, who will be selected by:	
On what instrument do you want the music performed?		
Where can the music (lyrics, sheets music, or recordings) be found?		
When do you want this song performed?		

<b>Poem Title:</b> List the title of the poem.		<b>Author Name:</b> List the name of the author.	
<b>Whom do you want to read the poem?</b>	<input type="checkbox"/> Read by a friend whose name is: <input type="checkbox"/> Read by someone, who will be selected by:		
<b>Do you want to say something before the poem is read?</b>			
<b>Where can the poem be found?</b> For example, a Web site or a book that you own.			
<b>When do you want this poem read?</b> For example, during a particular instrumental piece (be sure to list which piece) or at the graveside.			
<b>Poem Title:</b>		<b>Author Name:</b>	
<b>Whom do you want to read the poem?</b>	<input type="checkbox"/> Read by a friend whose name is: <input type="checkbox"/> Read by someone, who will be selected by:		
<b>Do you want to say something before the poem is read?</b>			
<b>Where can the poem be found?</b>			
<b>When do you want this poem read?</b>			
<b>Bible Verse:</b> List the book and verse of the scripture.		<b>Bible Version:</b> For example, NIV or King James.	
<b>Whom do you want to read the verse?</b>	<input type="checkbox"/> Read by a friend whose name is: <input type="checkbox"/> Read by someone, who will be selected by:		
<b>Do you want to say something before the verse is read?</b>			
<b>Where can the poem be found?</b> For example, a Web site or a book that you own.			
<b>When do you want this verse read?</b> For example, after the eulogy or at the graveside.			
<b>Bible Verse:</b>		<b>Bible Version:</b>	
<b>Whom do you want to read the verse?</b>	<input type="checkbox"/> Read by a friend whose name is: <input type="checkbox"/> Read by someone, who will be selected by:		
<b>Do you want to say something before the verse is read?</b>			
<b>Where can the poem be found?</b>			
<b>When do you want this verse read?</b>			

# Legal Documents

It's extremely important to keep all your legal documents current, secure, and in a location known to your family and appointed executor. A good practice for safeguarding your documents is to make copies and store them in a safety deposit box at your bank or in a strong box in your home. You might also want to give your executor a copy of all your documents so they can be quickly access if necessary.

The most common legal documents include the following, but you can also make copies of other documents, such as insurance policies, and provide them to your executor:

- Last Will and Testament
- Medical Power of Attorney
- Trusts
- Living Will
- Premarital Agreements
- Deeds
- Power of Attorney
- Healthcare Directives
- Contracts

List the key contacts for your legal documents, such as your attorney, accountant, and the executor for your eProvince and then list all your legal documents.

<b>Executor Name:</b>		
This person might be your attorney, a family member, or a close friend.		
<b>Address:</b>		<b>Work Phone Number:</b>
		<b>Home Phone Number:</b>
		<b>E-mail Address:</b>
<b>Attorney Name:</b>		
<b>Address:</b>		<b>Work Phone Number:</b>
		<b>Home Phone Number:</b>
		<b>E-mail Address:</b>
<b>Accountant Name:</b>		
<b>Address:</b>		<b>Work Phone Number:</b>
		<b>Home Phone Number:</b>
		<b>E-mail Address:</b>
<b>Document Name:</b>		<b>Updated On:</b>
For example, Power of Attorney or Living Will.		The date of the most recent revision.
<b>Document Location:</b>		<input type="checkbox"/> Original <input type="checkbox"/> Copy
If a combination is required, list it on the Passwords, Combinations, and PINs form.		Make sure the copy is current with the original.
<b>Description:</b>		
<b>Document Name:</b>		<b>Updated On:</b>
<b>Document Location:</b>		<input type="checkbox"/> Original <input type="checkbox"/> Copy
<b>Description:</b>		
<b>Document Name:</b>		<b>Updated On:</b>
<b>Document Location:</b>		<input type="checkbox"/> Original <input type="checkbox"/> Copy
<b>Description:</b>		



# Organ Donation

Many people have signed up to be organ donors and carry a donor card in their wallet. While these cards are helpful, they often don't go into much detail. For example, you can stipulate that organs, as well as tissues, stem cells, and platelets be donated or stipulate that your entire body be donated to a specific medical school. On the other hand, you might only want to donate specific organs so your family can have an open casket funeral. Whatever your wishes, the decision is a deeply personal one that needs to be clearly recorded so your family and doctors know what to do when the time comes.

Use the Organ Donation worksheet to organize and record your wishes and be sure to talk to your family about your organ donation plans. This information should also be included in your Living Will and other eProvince planning documents so it has legal status. For more information about organ donation go to

[www.legacyoflife.ns.ca](http://www.legacyoflife.ns.ca)

<b>Name:</b>		<b>Birth Date:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Driver License Number:</b>		<b>Which Province:</b>	<b>SIN:</b>
<b>Home Address:</b>			<b>Home Phone:</b>
			<b>Cell Phone:</b>
			<b>E-mail Address:</b>
<p><b>Organ and Tissue Donation Wishes:</b> Upon my death, I want to make the following organ and tissue donation.</p> <p><input type="checkbox"/> <b>Option A</b> – Any needed organ or tissue.</p> <p><input type="checkbox"/> <b>Option B</b> – My body for anatomical study, if needed.</p> <p><input type="checkbox"/> <b>Option C</b> – Only the following organs or tissue for the purpose of transplantation, medical research, or education.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Limitations or special requests, if any.</b></p> <p>_____</p> <p>_____</p> <p>_____</p>			
<b>Donor Signature:</b>		<b>Date Signed:</b>	
<b>Witness Signature:</b>		<b>Date Signed:</b>	
<b>Witness Signature:</b>		<b>Date Signed:</b>	
<b>Emergency Contact</b>			
<b>Name:</b>		<b>Relationship:</b>	
<b>Address:</b>			<b>Home Phone:</b>
			<b>Cell Phone:</b>
			<b>E-mail Address:</b>



# Insurance Policies

List summary information about each type of insurance that you own. This information is essential for contacting insurance providers, verifying coverage, and collecting benefits. There are many categories of insurance, some of which include:

- Life insurance (such as Term Life, Whole Life, and Universal Life)
- Health insurance (such as Medical, Prescription, Dental, Long-Term Care, and Disability)
- Vehicle insurance (such as auto, boat, RV, and motorcycle)
- Real Estate insurance (such as Homeowners, Mortgage, and Renters)
- Funeral insurance

Along with this summary information, be sure to keep all of your policies and other insurance paperwork in a safe location that is known to your family and executor.

<b>Insurance Provider:</b> For example, Etna, Blue Cross, or Assurant (Purple Shield / Familyside).		<b>Insurance Type:</b> For example, 20-Year Term Life or Long-Term Disability.	
<b>Policy Number:</b>		<input type="checkbox"/> <b>Group Policy</b> <input type="checkbox"/> <b>Individual Policy</b>	
<b>Coverage Amount:</b>		<b>Renewal/Expiration Date:</b>	
<b>Agent Name:</b>		<b>E-mail Address:</b>	
<b>Office Address:</b>			<b>Office Phone:</b>
			<b>Office Fax:</b>
			<b>Emergency Phone:</b>
<b>Comments:</b>			
<b>Insurance Provider:</b>		<b>Insurance Type:</b>	
<b>Policy Number:</b>		<input type="checkbox"/> <b>Group Policy</b> <input type="checkbox"/> <b>Individual Policy</b>	
<b>Coverage Amount:</b>		<b>Renewal/Expiration Date:</b>	
<b>Agent Name:</b>		<b>E-mail Address:</b>	
<b>Office Address:</b>			<b>Office Phone:</b>
			<b>Office Fax:</b>
			<b>Emergency Phone:</b>
<b>Comments:</b>			
<b>Insurance Provider:</b>		<b>Insurance Type:</b>	
<b>Policy Number:</b>		<input type="checkbox"/> <b>Group Policy</b> <input type="checkbox"/> <b>Individual Policy</b>	
<b>Coverage Amount:</b>		<b>Renewal/Expiration Date:</b>	
<b>Agent Name:</b>		<b>E-mail Address:</b>	
<b>Office Address:</b>			<b>Office Phone:</b>
			<b>Office Fax:</b>
			<b>Emergency Phone:</b>
<b>Comments:</b>			

<b>Insurance Provider:</b>		<b>Insurance Type:</b>	
<b>Policy Number:</b>		<input type="checkbox"/> Group Policy <input type="checkbox"/> Individual Policy	
<b>Coverage Amount:</b>		<b>Renewal/Expiration Date:</b>	
<b>Agent Name:</b>		<b>E-mail Address:</b>	
<b>Office Address:</b>	<b>Office Phone:</b>		
	<b>Office Fax:</b>		
	<b>Emergency Phone:</b>		
<b>Comments:</b>			
<b>Insurance Provider:</b>		<b>Insurance Type:</b>	
<b>Policy Number:</b>		<input type="checkbox"/> Group Policy <input type="checkbox"/> Individual Policy	
<b>Coverage Amount:</b>		<b>Renewal/Expiration Date:</b>	
<b>Agent Name:</b>		<b>E-mail Address:</b>	
<b>Office Address:</b>	<b>Office Phone:</b>		
	<b>Office Fax:</b>		
	<b>Emergency Phone:</b>		
<b>Comments:</b>			
<b>Insurance Provider:</b>		<b>Insurance Type:</b>	
<b>Policy Number:</b>		<input type="checkbox"/> Group Policy <input type="checkbox"/> Individual Policy	
<b>Coverage Amount:</b>		<b>Renewal/Expiration Date:</b>	
<b>Agent Name:</b>		<b>E-mail Address:</b>	
<b>Office Address:</b>	<b>Office Phone:</b>		
	<b>Office Fax:</b>		
	<b>Emergency Phone:</b>		
<b>Comments:</b>			
<b>Insurance Provider:</b>		<b>Insurance Type:</b>	
<b>Policy Number:</b>		<input type="checkbox"/> Group Policy <input type="checkbox"/> Individual Policy	
<b>Coverage Amount:</b>		<b>Renewal/Expiration Date:</b>	
<b>Agent Name:</b>		<b>E-mail Address:</b>	
<b>Office Address:</b>	<b>Office Phone:</b>		
	<b>Office Fax:</b>		
	<b>Emergency Phone:</b>		
<b>Comments:</b>			

<b>Insurance Provider:</b>		<b>Insurance Type:</b>	
<b>Policy Number:</b>		<input type="checkbox"/> Group Policy <input type="checkbox"/> Individual Policy	
<b>Coverage Amount:</b>		<b>Renewal/Expiration Date:</b>	
<b>Agent Name:</b>		<b>E-mail Address:</b>	
<b>Office Address:</b>			<b>Office Phone:</b>
			<b>Office Fax:</b>
			<b>Emergency Phone:</b>
<b>Comments:</b>			
<b>Insurance Provider:</b>		<b>Insurance Type:</b>	
<b>Policy Number:</b>		<input type="checkbox"/> Group Policy <input type="checkbox"/> Individual Policy	
<b>Coverage Amount:</b>		<b>Renewal/Expiration Date:</b>	
<b>Agent Name:</b>		<b>E-mail Address:</b>	
<b>Office Address:</b>			<b>Office Phone:</b>
			<b>Office Fax:</b>
			<b>Emergency Phone:</b>
<b>Comments:</b>			
<b>Insurance Provider:</b>		<b>Insurance Type:</b>	
<b>Policy Number:</b>		<input type="checkbox"/> Group Policy <input type="checkbox"/> Individual Policy	
<b>Coverage Amount:</b>		<b>Renewal/Expiration Date:</b>	
<b>Agent Name:</b>		<b>E-mail Address:</b>	
<b>Office Address:</b>			<b>Office Phone:</b>
			<b>Office Fax:</b>
			<b>Emergency Phone:</b>
<b>Comments:</b>			
<b>Insurance Provider:</b>		<b>Insurance Type:</b>	
<b>Policy Number:</b>		<input type="checkbox"/> Group Policy <input type="checkbox"/> Individual Policy	
<b>Coverage Amount:</b>		<b>Renewal/Expiration Date:</b>	
<b>Agent Name:</b>		<b>E-mail Address:</b>	
<b>Office Address:</b>			<b>Office Phone:</b>
			<b>Office Fax:</b>
			<b>Emergency Phone:</b>
<b>Comments:</b>			

# Investments

You've probably been investing for a long time, with investments spanning many categories and perhaps several brokers. Keeping track of this information and staying on top of your investments can be a daunting task. Your monthly and quarterly Provincements can help, but your investment information is still spread over many sources.

Recording your investments and brokerage information on this worksheet provides you and your family with a summary of your investment in one location. This will make it easier for your family to address financial issues as needed, without having to search for each investment Provincement and hoping they've found all of them.

There are many types of investments, as few of which include:

- Stocks (large, mid, and small caps)
- Bonds (municipal and corporate)
- Mutual Funds (no load and loaded)
- Employer plans (held at an employer or transferred elsewhere)
- Cash (as part of a brokerage account)
- CDs and Money Markets
- Pension Funds (employer-based)
- IRAs and Roth IRAs
- College Savings Plans
- Precious Metals (gold, silver, and platinum)

Because investments are typically held at financial institutions, this worksheet is organized accordingly.

<b>Financial Institution:</b> A bank, broker, or other financial company.		<b>Account Number:</b>			
<b>Address:</b>				<b>Authorized Signers on the Account:</b>	
			1.		
			2.		
<b>Phone Number:</b>			<b>Fax Number:</b>		
<b>E-mail Address:</b>			<b>Web Address:</b>		
<b>Checks issued for this account?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>If Yes, where are they stored?</b>					
<b>Investment Name</b>	<b>Type</b>	<b>Symbol</b>	<b>Shares</b>	<b>Price</b>	<b>Value</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
The full name that appears on your Provincement. For example, ACME Mid-Cap Growth Fund Class A.	Stock, IRA, or 401(k).	Usually 4 or 5 letters.	Number of shares.	Per share in dollars.	Shares times price.

<b>Financial Institution:</b> A bank, broker, or other financial company.			<b>Account Number:</b>		
<b>Address:</b>		<b>Authorized Signers on the Account:</b> 1. 2.			
<b>Phone Number:</b>			<b>Fax Number:</b>		
<b>E-mail Address:</b>			<b>Web Address:</b>		
<b>Checks issued for this account?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, where are they stored?</b>					
Investment Name	Type	Symbol	Shares	Price	Value
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
The full name that appears on your Provincement. For example, ACME Mid-Cap Growth Fund Class A.	Stock, IRA, or 401(k).	Usually 4 or 5 letters.	Number of shares.	Per share in dollars.	Shares times price.
<b>Financial Institution:</b> A bank, broker, or other financial company.			<b>Account Number:</b>		
<b>Address:</b>		<b>Authorized Signers on the Account:</b> 1. 2.			
<b>Phone Number:</b>			<b>Fax Number:</b>		
<b>E-mail Address:</b>			<b>Web Address:</b>		
<b>Checks issued for this account?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, where are they stored?</b>					
Investment Name	Type	Symbol	Shares	Price	Value
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
The full name that appears on your Provincement. For example, ACME Mid-Cap Growth Fund Class A.	Stock, IRA, or 401(k).	Usually 4 or 5 letters.	Number of shares.	Per share in dollars.	Shares times price.

<b>Financial Institution:</b> A bank, broker, or other financial company.		<b>Account Number:</b>	
<b>Address:</b>		<b>Authorized Signers on the Account:</b> 1. 2.	
<b>Phone Number:</b>		<b>Fax Number:</b>	
<b>E-mail Address:</b>		<b>Web Address:</b>	

Checks issued for this account?  Yes  No  
 If Yes, where are they stored?

Investment Name	Type	Symbol	Shares	Price	Value
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
The full name that appears on your Provicement. For example, ACME Mid-Cap Growth Fund Class A.	Stock, IRA, or 401(k).	Usually 4 or 5 letters.	Number of shares.	Per share in dollars.	Shares times price.

<b>Financial Institution:</b> A bank, broker, or other financial company.		<b>Account Number:</b>	
<b>Address:</b>		<b>Authorized Signers on the Account:</b> 1. 2.	
<b>Phone Number:</b>		<b>Fax Number:</b>	
<b>E-mail Address:</b>		<b>Web Address:</b>	

Checks issued for this account?  Yes  No  
 If Yes, where are they stored?

Investment Name	Type	Symbol	Shares	Price	Value
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
The full name that appears on your Provicement. For example, ACME Mid-Cap Growth Fund Class A.	Stock, IRA, or 401(k).	Usually 4 or 5 letters.	Number of shares.	Per share in dollars.	Shares times price.

## Bank Accounts

Record all the checking and savings accounts that you have at various banks, credit unions, and other lending institutions. Otherwise, family members will have an extremely difficult time determining how many different accounts you have and at which banks they reside. Don't worry about brokerage accounts right now because you'll record those on the *Investments* worksheet.

It's also a good idea to have a family member or trusted friend added to each account as an authorized signer. This will allow that person to access your accounts, if needed, to pay medical bills, credit card bills, mortgages, and other bills.

<b>Bank Name:</b> A bank, credit union, or other lender.		<b>Account Number:</b>	
<b>Branch Name:</b> For example, Eastside or Main St.		<b>Account Type:</b> For example, checking or savings.	
<b>Branch Address:</b>			<b>Authorized Signers on the Account:</b> 3. 4.
<b>Phone Number:</b>		<b>Fax Number:</b>	
<b>E-mail Address:</b>		<b>Web Address:</b>	
Checks issued for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where are they stored?			
Choose one: <input type="checkbox"/> Joint Account with Rights of Survivorship (JWROS)? <input type="checkbox"/> Joint Account without Rights of Survivorship (JWOROS)?			
JWROS – Where surviving account members acquire all assets upon the death of another account member. JWOROS – Where surviving account members do not acquire all assets upon the death of another account member.			
<b>Bank Name:</b>		<b>Account Number:</b>	
<b>Branch Name:</b>		<b>Account Type:</b>	
<b>Branch Address:</b>			<b>Authorized Signers on the Account:</b> 1. 2.
<b>Phone Number:</b>		<b>Fax Number:</b>	
<b>E-mail Address:</b>		<b>Web Address:</b>	
Checks issued for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where are they stored?			
Choose one: <input type="checkbox"/> Joint Account Rights of Survivorship? <input type="checkbox"/> Joint Account without Rights of Survivorship?			
<b>Bank Name:</b>		<b>Account Number:</b>	
<b>Branch Name:</b>		<b>Account Type:</b>	
<b>Branch Address:</b>			<b>Authorized Signers on the Account:</b> 1. 2.
<b>Phone Number:</b>		<b>Fax Number:</b>	
<b>E-mail Address:</b>		<b>Web Address:</b>	
Checks issued for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where are they stored?			
Choose one: <input type="checkbox"/> Joint Account Rights of Survivorship? <input type="checkbox"/> Joint Account without Rights of Survivorship?			

<b>Bank Name:</b>		<b>Account Number:</b>
<b>Branch Name:</b>		<b>Account Type:</b>
<b>Branch Address:</b>	<b>Authorized Signers on the Account:</b> 1. 2.	
<b>Phone Number:</b>		<b>Fax Number:</b>
<b>E-mail Address:</b>		<b>Web Address:</b>
Checks issued for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where are they stored?		
Choose one: <input type="checkbox"/> Joint Account Rights of Survivorship? <input type="checkbox"/> Joint Account without Rights of Survivorship?		
<b>Bank Name:</b>		<b>Account Number:</b>
<b>Branch Name:</b>		<b>Account Type:</b>
<b>Branch Address:</b>	<b>Authorized Signers on the Account:</b> 1. 2.	
<b>Phone Number:</b>		<b>Fax Number:</b>
<b>E-mail Address:</b>		<b>Web Address:</b>
Checks issued for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where are they stored?		
Choose one: <input type="checkbox"/> Joint Account Rights of Survivorship? <input type="checkbox"/> Joint Account without Rights of Survivorship?		
<b>Bank Name:</b>		<b>Account Number:</b>
<b>Branch Name:</b>		<b>Account Type:</b>
<b>Branch Address:</b>	<b>Authorized Signers on the Account:</b> 1. 2.	
<b>Phone Number:</b>		<b>Fax Number:</b>
<b>E-mail Address:</b>		<b>Web Address:</b>
Checks issued for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where are they stored?		
Choose one: <input type="checkbox"/> Joint Account Rights of Survivorship? <input type="checkbox"/> Joint Account without Rights of Survivorship?		
<b>Bank Name:</b>		<b>Account Number:</b>
<b>Branch Name:</b>		<b>Account Type:</b>
<b>Branch Address:</b>	<b>Authorized Signers on the Account:</b> 1. 2.	
<b>Phone Number:</b>		<b>Fax Number:</b>
<b>E-mail Address:</b>		<b>Web Address:</b>
Checks issued for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where are they stored?		
Choose one: <input type="checkbox"/> Joint Account Rights of Survivorship? <input type="checkbox"/> Joint Account without Rights of Survivorship?		
<b>Bank Name:</b>		<b>Account Number:</b>
<b>Branch Name:</b>		<b>Account Type:</b>
<b>Branch Address:</b>	<b>Authorized Signers on the Account:</b> 1. 2.	
<b>Phone Number:</b>		<b>Fax Number:</b>
<b>E-mail Address:</b>		<b>Web Address:</b>
Checks issued for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where are they stored?		
Choose one: <input type="checkbox"/> Joint Account Rights of Survivorship? <input type="checkbox"/> Joint Account without Rights of Survivorship?		

<b>Bank Name:</b>		<b>Account Number:</b>
<b>Branch Name:</b>		<b>Account Type:</b>
<b>Branch Address:</b>		<b>Authorized Signers on the Account:</b> 1. 2.
<b>Phone Number:</b>		<b>Fax Number:</b>
<b>E-mail Address:</b>		<b>Web Address:</b>
Checks issued for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where are they stored?		
Choose one: <input type="checkbox"/> Joint Account Rights of Survivorship? <input type="checkbox"/> Joint Account without Rights of Survivorship?		
<b>Bank Name:</b>		<b>Account Number:</b>
<b>Branch Name:</b>		<b>Account Type:</b>
<b>Branch Address:</b>		<b>Authorized Signers on the Account:</b> 1. 2.
<b>Phone Number:</b>		<b>Fax Number:</b>
<b>E-mail Address:</b>		<b>Web Address:</b>
Checks issued for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where are they stored?		
Choose one: <input type="checkbox"/> Joint Account Rights of Survivorship? <input type="checkbox"/> Joint Account without Rights of Survivorship?		
<b>Bank Name:</b>		<b>Account Number:</b>
<b>Branch Name:</b>		<b>Account Type:</b>
<b>Branch Address:</b>		<b>Authorized Signers on the Account:</b> 1. 2.
<b>Phone Number:</b>		<b>Fax Number:</b>
<b>E-mail Address:</b>		<b>Web Address:</b>
Checks issued for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where are they stored?		
Choose one: <input type="checkbox"/> Joint Account Rights of Survivorship? <input type="checkbox"/> Joint Account without Rights of Survivorship?		
<b>Bank Name:</b>		<b>Account Number:</b>
<b>Branch Name:</b>		<b>Account Type:</b>
<b>Branch Address:</b>		<b>Authorized Signers on the Account:</b> 1. 2.
<b>Phone Number:</b>		<b>Fax Number:</b>
<b>E-mail Address:</b>		<b>Web Address:</b>
Checks issued for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where are they stored?		
Choose one: <input type="checkbox"/> Joint Account Rights of Survivorship? <input type="checkbox"/> Joint Account without Rights of Survivorship?		

## Loans and Mortgages

Most of us have a mortgage or other loans for which we make regular payments. These loans can be for items such as cars, boats, RVs, property, home improvements, lines of credit, and college for your children or grandchildren. Record information about each of these loans and keep it up to date so your family can take care of them if you are injured or become ill.

<b>Lender:</b>		<b>Account Number:</b>
<b>Loan Type:</b> <small>For example, auto or mortgage.</small>	<b>Loan Duration:</b> <small>For example, 15 or 30 years.</small>	<b>Loan Balance:</b> <small>As shown on your billing Provincement.</small>
<b>Interest Rate:</b>	<input type="checkbox"/> Fixed or <input type="checkbox"/> Adjustable	<b>Estimated Payoff Date:</b>
<b>Balloon Payment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, when and how much?</small>		
<b>Lender Address:</b>		<b>Signers on the Loan:</b> 1. 2.
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail address:</b>		<b>Fax Number:</b>
<b>Comments:</b>		
<b>Lender:</b>		<b>Account Number:</b>
<b>Loan Type:</b>	<b>Loan Duration:</b>	<b>Loan Balance:</b>
<b>Interest Rate:</b>	<input type="checkbox"/> Fixed or <input type="checkbox"/> Adjustable	<b>Estimated Payoff Date:</b>
<b>Balloon Payment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, when and how much?</small>		
<b>Lender Address:</b>		<b>Signers on the Loan:</b> 1. 2.
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail address:</b>		<b>Fax Number:</b>
<b>Comments:</b>		
<b>Lender:</b>		<b>Account Number:</b>
<b>Loan Type:</b>	<b>Loan Duration:</b>	<b>Loan Balance:</b>
<b>Interest Rate:</b>	<input type="checkbox"/> Fixed or <input type="checkbox"/> Adjustable	<b>Estimated Payoff Date:</b>
<b>Balloon Payment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, when and how much?</small>		
<b>Lender Address:</b>		<b>Signers on the Loan:</b> 1. 2.
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail address:</b>		<b>Fax Number:</b>
<b>Comments:</b>		

<b>Lender:</b>		<b>Account Number:</b>
<b>Loan Type:</b>	<b>Loan Duration:</b>	<b>Loan Balance:</b>
<b>Interest Rate:</b>	<input type="checkbox"/> Fixed or <input type="checkbox"/> Adjustable	<b>Estimated Payoff Date:</b>
<b>Balloon Payment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when and how much?		
<b>Lender Address:</b>		<b>Signers on the Loan:</b> 1. 2.
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail address:</b>		<b>Fax Number:</b>
<b>Comments:</b>		
<b>Lender:</b>		<b>Account Number:</b>
<b>Loan Type:</b>	<b>Loan Duration:</b>	<b>Loan Balance:</b>
<b>Interest Rate:</b>	<input type="checkbox"/> Fixed or <input type="checkbox"/> Adjustable	<b>Estimated Payoff Date:</b>
<b>Balloon Payment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when and how much?		
<b>Lender Address:</b>		<b>Signers on the Loan:</b> 1. 2.
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail address:</b>		<b>Fax Number:</b>
<b>Comments:</b>		
<b>Lender:</b>		<b>Account Number:</b>
<b>Loan Type:</b>	<b>Loan Duration:</b>	<b>Loan Balance:</b>
<b>Interest Rate:</b>	<input type="checkbox"/> Fixed or <input type="checkbox"/> Adjustable	<b>Estimated Payoff Date:</b>
<b>Balloon Payment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when and how much?		
<b>Lender Address:</b>		<b>Signers on the Loan:</b> 1. 2.
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail address:</b>		<b>Fax Number:</b>
<b>Comments:</b>		

<b>Lender:</b>		<b>Account Number:</b>
<b>Loan Type:</b>	<b>Loan Duration:</b>	<b>Loan Balance:</b>
<b>Interest Rate:</b>	<input type="checkbox"/> Fixed or <input type="checkbox"/> Adjustable	<b>Estimated Payoff Date:</b>
<b>Balloon Payment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when and how much?		
<b>Lender Address:</b>		<b>Signers on the Loan:</b> 1. 2.
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail address:</b>		<b>Fax Number:</b>
<b>Comments:</b>		
<b>Lender:</b>		<b>Account Number:</b>
<b>Loan Type:</b>	<b>Loan Duration:</b>	<b>Loan Balance:</b>
<b>Interest Rate:</b>	<input type="checkbox"/> Fixed or <input type="checkbox"/> Adjustable	<b>Estimated Payoff Date:</b>
<b>Balloon Payment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when and how much?		
<b>Lender Address:</b>		<b>Signers on the Loan:</b> 1. 2.
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail address:</b>		<b>Fax Number:</b>
<b>Comments:</b>		
<b>Lender:</b>		<b>Account Number:</b>
<b>Loan Type:</b>	<b>Loan Duration:</b>	<b>Loan Balance:</b>
<b>Interest Rate:</b>	<input type="checkbox"/> Fixed or <input type="checkbox"/> Adjustable	<b>Estimated Payoff Date:</b>
<b>Balloon Payment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when and how much?		
<b>Lender Address:</b>		<b>Signers on the Loan:</b> 1. 2.
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail address:</b>		<b>Fax Number:</b>
<b>Comments:</b>		

## Credit and Debit Cards

List all your credit cards and debit cards, such as Visa, MasterCard, American Express, Discover, gasoline cards, and bank debit cards. It's important to list all your cards, not just the ones that you current owe money on, because they will all need to be canceled or have billing information updated.

While it's easy to keep track of the credit cards that you use regularly (such as Visa and MasterCard), it's equally easy to forget about cards that you received years ago and haven't used for a long time (such as department store cards and gasoline cards). Remember, just because you don't use a card any more doesn't mean the account is closed. If you're no longer using credit or debit cards, close those accounts to ensure that identity theft or credit card fraud doesn't occur.

<b>Card Issuer:</b> Bank, credit card, or lender.		<b>Account Number:</b>	
<b>Card Type:</b> For example, Visa, MasterCard, or American Express.		<b>Expiration Date:</b> As printed on the card.	
<b>Number of Cards Issued:</b>		<b>Name on Each Card:</b>	1.
<b>Typical Balance and Payment:</b>			2.
<b>Billing Cycle:</b> For example, monthly or quarterly.	<b>Payment Due Date:</b> For example, the 15th of each month.	<b>Credit Limit:</b> Shown on your billing Provincement.	
<b>Billing Address:</b>	<b>Billing Phone:</b>		
	<b>Lost Card Phone:</b>		
	<b>Fax Number:</b>		
<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking If <b>Online Banking</b> , record account information on the Bank Accounts form and on the Passwords, Combinations, and PINs form.			
<b>Card Issuer:</b>		<b>Account Number:</b>	
<b>Card Type:</b>		<b>Expiration Date:</b>	
<b>Number of Cards Issued:</b>		<b>Name on Each Card:</b>	1.
<b>Typical Balance and Payment:</b>			2.
<b>Billing Cycle:</b>	<b>Payment Due Date:</b>	<b>Credit Limit:</b>	
<b>Billing Address:</b>	<b>Billing Phone:</b>		
	<b>Lost Card Phone:</b>		
	<b>Fax Number:</b>		
<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking			
<b>Card Issuer:</b>		<b>Account Number:</b>	
<b>Card Type:</b>		<b>Expiration Date:</b>	
<b>Number of Cards Issued:</b>		<b>Name on Each Card:</b>	1.
<b>Typical Balance and Payment:</b>			2.
<b>Billing Cycle:</b>	<b>Payment Due Date:</b>	<b>Credit Limit:</b>	
<b>Billing Address:</b>	<b>Billing Phone:</b>		
	<b>Lost Card Phone:</b>		
	<b>Fax Number:</b>		
<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking			

<b>Card Issuer:</b>		<b>Account Number:</b>	
<b>Card Type:</b>		<b>Expiration Date:</b>	
<b>Number of Cards Issued:</b>		<b>Name on Each Card:</b>	1.
<b>Typical Balance and Payment:</b>			2.
<b>Billing Cycle:</b>		<b>Payment Due Date:</b>	
<b>Billing Address:</b>			<b>Credit Limit:</b>
			<b>Billing Phone:</b>
			<b>Lost Card Phone:</b>
<b>Fax Number:</b>			
<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking			
<b>Card Issuer:</b>		<b>Account Number:</b>	
<b>Card Type:</b>		<b>Expiration Date:</b>	
<b>Number of Cards Issued:</b>		<b>Name on Each Card:</b>	1.
<b>Typical Balance and Payment:</b>			2.
<b>Billing Cycle:</b>		<b>Payment Due Date:</b>	
<b>Billing Address:</b>			<b>Credit Limit:</b>
			<b>Billing Phone:</b>
			<b>Lost Card Phone:</b>
<b>Fax Number:</b>			
<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking			
<b>Card Issuer:</b>		<b>Account Number:</b>	
<b>Card Type:</b>		<b>Expiration Date:</b>	
<b>Number of Cards Issued:</b>		<b>Name on Each Card:</b>	1.
<b>Typical Balance and Payment:</b>			2.
<b>Billing Cycle:</b>		<b>Payment Due Date:</b>	
<b>Billing Address:</b>			<b>Credit Limit:</b>
			<b>Billing Phone:</b>
			<b>Lost Card Phone:</b>
<b>Fax Number:</b>			
<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking			
<b>Card Issuer:</b>		<b>Account Number:</b>	
<b>Card Type:</b>		<b>Expiration Date:</b>	
<b>Number of Cards Issued:</b>		<b>Name on Each Card:</b>	1.
<b>Typical Balance and Payment:</b>			2.
<b>Billing Cycle:</b>		<b>Payment Due Date:</b>	
<b>Billing Address:</b>			<b>Credit Limit:</b>
			<b>Billing Phone:</b>
			<b>Lost Card Phone:</b>
<b>Fax Number:</b>			
<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking			

<b>Card Issuer:</b>		<b>Account Number:</b>	
<b>Card Type:</b>		<b>Expiration Date:</b>	
<b>Number of Cards Issued:</b>		<b>Name on Each Card:</b>	1.
<b>Typical Balance and Payment:</b>			2.
<b>Billing Cycle:</b>		<b>Payment Due Date:</b>	
<b>Billing Address:</b>			<b>Credit Limit:</b>
			<b>Billing Phone:</b>
			<b>Lost Card Phone:</b>
<b>Fax Number:</b>			
<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking			
<b>Card Issuer:</b>		<b>Account Number:</b>	
<b>Card Type:</b>		<b>Expiration Date:</b>	
<b>Number of Cards Issued:</b>		<b>Name on Each Card:</b>	1.
<b>Typical Balance and Payment:</b>			2.
<b>Billing Cycle:</b>		<b>Payment Due Date:</b>	
<b>Billing Address:</b>			<b>Credit Limit:</b>
			<b>Billing Phone:</b>
			<b>Lost Card Phone:</b>
<b>Fax Number:</b>			
<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking			
<b>Card Issuer:</b>		<b>Account Number:</b>	
<b>Card Type:</b>		<b>Expiration Date:</b>	
<b>Number of Cards Issued:</b>		<b>Name on Each Card:</b>	1.
<b>Typical Balance and Payment:</b>			2.
<b>Billing Cycle:</b>		<b>Payment Due Date:</b>	
<b>Billing Address:</b>			<b>Credit Limit:</b>
			<b>Billing Phone:</b>
			<b>Lost Card Phone:</b>
<b>Fax Number:</b>			
<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking			
<b>Card Issuer:</b>		<b>Account Number:</b>	
<b>Card Type:</b>		<b>Expiration Date:</b>	
<b>Number of Cards Issued:</b>		<b>Name on Each Card:</b>	1.
<b>Typical Balance and Payment:</b>			2.
<b>Billing Cycle:</b>		<b>Payment Due Date:</b>	
<b>Billing Address:</b>			<b>Credit Limit:</b>
			<b>Billing Phone:</b>
			<b>Lost Card Phone:</b>
<b>Fax Number:</b>			
<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking			

## Recurring Bills and Payments

List all your recurring bills that you receive at home, such as telephone, cell phone, cable, natural gas, electricity, water, sewer, garbage collection, newspapers, Internet access, and satellite TV. Be sure to include the billing information for your primary residence and any vacation homes and whether any of these bills are automatically deducted from your checking account each month. Documenting your recurring bills and automatic payments now will greatly simplify and expedite the process of canceling a service or updating billing information.

<b>Company Name:</b> As it appears on your billing Provincement.		<b>Account Number:</b>	
<b>Service Provided:</b> For example, water and sewer.		<b>Billing Cycle:</b> For example, monthly or quarterly.	
<b>Billing Address:</b>			<b>Payment Due Date:</b> For example, the 15th of the month.
			<b>Typical Amount Due:</b>
<b>Billing Phone:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail	
<b>Web or E-mail Address:</b>		<input type="checkbox"/> Online Banking	
		If <b>Online Banking</b> , record access and bank account information on the Banking form.	
<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>			<b>Payment Due Date:</b>
			<b>Typical Amount Due:</b>
<b>Billing Phone:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail	
<b>Web or E-mail Address:</b>		<input type="checkbox"/> Online Banking	
<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>			<b>Payment Due Date:</b>
			<b>Typical Amount Due:</b>
<b>Billing Phone:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail	
<b>Web or E-mail Address:</b>		<input type="checkbox"/> Online Banking	
<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>			<b>Payment Due Date:</b>
			<b>Typical Amount Due:</b>
<b>Billing Phone:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail	
<b>Web or E-mail Address:</b>		<input type="checkbox"/> Online Banking	
<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>			<b>Payment Due Date:</b>
			<b>Typical Amount Due:</b>
<b>Billing Phone:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail	
<b>Web or E-mail Address:</b>		<input type="checkbox"/> Online Banking	

<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>	<b>Payment Due Date:</b>		<b>Typical Amount Due:</b>
	<b>Billing Phone:</b>		
<b>Web or E-mail Address:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking	
<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>	<b>Payment Due Date:</b>		<b>Typical Amount Due:</b>
	<b>Billing Phone:</b>		
<b>Web or E-mail Address:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking	
<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>	<b>Payment Due Date:</b>		<b>Typical Amount Due:</b>
	<b>Billing Phone:</b>		
<b>Web or E-mail Address:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking	
<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>	<b>Payment Due Date:</b>		<b>Typical Amount Due:</b>
	<b>Billing Phone:</b>		
<b>Web or E-mail Address:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking	
<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>	<b>Payment Due Date:</b>		<b>Typical Amount Due:</b>
	<b>Billing Phone:</b>		
<b>Web or E-mail Address:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking	
<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>	<b>Payment Due Date:</b>		<b>Typical Amount Due:</b>
	<b>Billing Phone:</b>		
<b>Web or E-mail Address:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking	

<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>	<b>Payment Due Date:</b>		<b>Typical Amount Due:</b>
	<b>Billing Phone:</b>		
<b>Web or E-mail Address:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking	

  

<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>	<b>Payment Due Date:</b>		<b>Typical Amount Due:</b>
	<b>Billing Phone:</b>		
<b>Web or E-mail Address:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking	

  

<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>	<b>Payment Due Date:</b>		<b>Typical Amount Due:</b>
	<b>Billing Phone:</b>		
<b>Web or E-mail Address:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking	

  

<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>	<b>Payment Due Date:</b>		<b>Typical Amount Due:</b>
	<b>Billing Phone:</b>		
<b>Web or E-mail Address:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking	

  

<b>Company Name:</b>		<b>Account Number:</b>	
<b>Service Provided:</b>		<b>Billing Cycle:</b>	
<b>Billing Address:</b>	<b>Payment Due Date:</b>		<b>Typical Amount Due:</b>
	<b>Billing Phone:</b>		
<b>Web or E-mail Address:</b>		<b>Payment Method:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Online Banking	

## Cars, Boats, and Other Vehicles

You probably own several cars and perhaps a boat, RV, or other vehicle. With the exception of your house, these vehicles probably comprise the most expensive items you own. Not only have you invested a lot of money in these items, but you might still owe money on them in the form of a bank loan. If this is the case, record such loans on the *Loans and Mortgages* worksheet. Each of these vehicles also requires insurance and a licensed to use them. Record such information on the *Insurance* worksheet.

The following list shows common categories of vehicles, which can range in value from \$5,000 for an inexpensive car to more than \$200,000 for a large RV:

- Cars, minivan, and trucks
- RVs and campers
- Tractors and trailers
- Farm equipment
- Ski boats, fishing boats, sail boats, and jet skis
- Motorcycles, quads, and ATVs
- Snowmobiles

<b>Vehicle Type:</b> For example, car, boat, or RV.		<b>Vehicle ID Number (VIN):</b> Listed on your insurance policy and on the vehicle.	
<b>Year:</b> Year produced.	<b>Make:</b> For example: Ford, Honda, or Cadillac.	<b>Model:</b> For example, F-150, Accord, or Escalade.	<b>Trim Level:</b> For example, LX or EX.
<b>Color:</b> Main color.	<b>Province of License:</b> Province that issued the license.	<b>License Number:</b> Usually six or seven characters.	
<b>Estimated Value:</b> Kelley Blue Book.	<b>Fully Paid For:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, who holds the loan. Record this information on the Loans and Mortgages form.		
<b>Insurance Provider:</b> Record additional insurance information about this vehicle on the Insurance Summary form.		<b>Policy Number:</b>	
<b>Comments:</b>			
<b>Vehicle Type:</b>		<b>Vehicle ID Number (VIN):</b>	
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Trim Level:</b>
<b>Color:</b>	<b>Province of License:</b>	<b>License Number:</b>	
<b>Estimated Value:</b>	<b>Fully Paid For:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, who holds the loan.		
<b>Insurance Provider:</b>		<b>Policy Number:</b>	
<b>Comments:</b>			
<b>Vehicle Type:</b>		<b>Vehicle ID Number (VIN):</b>	
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Trim Level:</b>
<b>Color:</b>	<b>Province of License:</b>	<b>License Number:</b>	
<b>Estimated Value:</b>	<b>Fully Paid For:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, who holds the loan.		
<b>Insurance Provider:</b>		<b>Policy Number:</b>	
<b>Comments:</b>			

<b>Vehicle Type:</b>		<b>Vehicle ID Number (VIN):</b>	
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Trim Level:</b>
<b>Color:</b>	<b>Province of License:</b>	<b>License Number:</b>	
<b>Estimated Value:</b>	<b>Fully Paid For:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, who holds the loan.		
<b>Insurance Provider:</b>		<b>Policy Number:</b>	
<b>Comments:</b>			
<b>Vehicle Type:</b>		<b>Vehicle ID Number (VIN):</b>	
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Trim Level:</b>
<b>Color:</b>	<b>Province of License:</b>	<b>License Number:</b>	
<b>Estimated Value:</b>	<b>Fully Paid For:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, who holds the loan.		
<b>Insurance Provider:</b>		<b>Policy Number:</b>	
<b>Comments:</b>			
<b>Vehicle Type:</b>		<b>Vehicle ID Number (VIN):</b>	
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Trim Level:</b>
<b>Color:</b>	<b>Province of License:</b>	<b>License Number:</b>	
<b>Estimated Value:</b>	<b>Fully Paid For:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, who holds the loan.		
<b>Insurance Provider:</b>		<b>Policy Number:</b>	
<b>Comments:</b>			
<b>Vehicle Type:</b>		<b>Vehicle ID Number (VIN):</b>	
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Trim Level:</b>
<b>Color:</b>	<b>Province of License:</b>	<b>License Number:</b>	
<b>Estimated Value:</b>	<b>Fully Paid For:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, who holds the loan.		
<b>Insurance Provider:</b>		<b>Policy Number:</b>	
<b>Comments:</b>			
<b>Vehicle Type:</b>		<b>Vehicle ID Number (VIN):</b>	
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Trim Level:</b>
<b>Color:</b>	<b>Province of License:</b>	<b>License Number:</b>	
<b>Estimated Value:</b>	<b>Fully Paid For:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, who holds the loan.		
<b>Insurance Provider:</b>		<b>Policy Number:</b>	
<b>Comments:</b>			

<b>Vehicle Type:</b>		<b>Vehicle ID Number (VIN):</b>	
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Trim Level:</b>
<b>Color:</b>	<b>Province of License:</b>	<b>License Number:</b>	
<b>Estimated Value:</b>	<b>Fully Paid For:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, who holds the loan.		
<b>Insurance Provider:</b>		<b>Policy Number:</b>	
<b>Comments:</b>			
<b>Vehicle Type:</b>		<b>Vehicle ID Number (VIN):</b>	
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Trim Level:</b>
<b>Color:</b>	<b>Province of License:</b>	<b>License Number:</b>	
<b>Estimated Value:</b>	<b>Fully Paid For:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, who holds the loan.		
<b>Insurance Provider:</b>		<b>Policy Number:</b>	
<b>Comments:</b>			
<b>Vehicle Type:</b>		<b>Vehicle ID Number (VIN):</b>	
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Trim Level:</b>
<b>Color:</b>	<b>Province of License:</b>	<b>License Number:</b>	
<b>Estimated Value:</b>	<b>Fully Paid For:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, who holds the loan.		
<b>Insurance Provider:</b>		<b>Policy Number:</b>	
<b>Comments:</b>			
<b>Vehicle Type:</b>		<b>Vehicle ID Number (VIN):</b>	
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Trim Level:</b>
<b>Color:</b>	<b>Province of License:</b>	<b>License Number:</b>	
<b>Estimated Value:</b>	<b>Fully Paid For:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, who holds the loan.		
<b>Insurance Provider:</b>		<b>Policy Number:</b>	
<b>Comments:</b>			
<b>Vehicle Type:</b>		<b>Vehicle ID Number (VIN):</b>	
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Trim Level:</b>
<b>Color:</b>	<b>Province of License:</b>	<b>License Number:</b>	
<b>Estimated Value:</b>	<b>Fully Paid For:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, who holds the loan.		
<b>Insurance Provider:</b>		<b>Policy Number:</b>	
<b>Comments:</b>			

# ***Passwords, PINs, and Combinations***

It was difficult enough to remember all of our passwords, combinations, and personal identification numbers (PINs) when we only had ATM cards, checking accounts, and a home safe that used them. Now, with the arrival of the Internet, you probably use a dozen or more Web sites that require passwords or PINs. These Web site allow you to shop, pay your bills, review investments, send e-mail, and much more.

Recording this information in one location, namely on this worksheet, will greatly simplify your ability to remember, protect, and update these items as needed. And remember, this information is extremely sensitive and needs to be stored in a secure location known only by your family or executor.

<b>Account Name:</b> For example, Keybank checking, Amazon.com, or Charles Schwab.		<b>Account Number:</b> An account or membership number.	
<b>Web Address:</b>		<b>Phone Number:</b>	
<b>E-mail Address:</b>		<b>Fax Number:</b>	
<b>Password:</b> This might be case-sensitive.		<b>Secret Question:</b> For example, mother's maiden name.	
<b>PIN or User ID:</b>		<b>Answer to Question:</b>	
<b>Comments:</b>			
<b>Account Name:</b>		<b>Account Number:</b>	
<b>Web Address:</b>		<b>Phone Number:</b>	
<b>E-mail Address:</b>		<b>Fax Number:</b>	
<b>Password:</b>		<b>Secret Question:</b>	
<b>PIN or User ID:</b>		<b>Answer to Question:</b>	
<b>Comments:</b>			
<b>Account Name:</b>		<b>Account Number:</b>	
<b>Web Address:</b>		<b>Phone Number:</b>	
<b>E-mail Address:</b>		<b>Fax Number:</b>	
<b>Password:</b>		<b>Secret Question:</b>	
<b>PIN or User ID:</b>		<b>Answer to Question:</b>	
<b>Comments:</b>			
<b>Account Name:</b>		<b>Account Number:</b>	
<b>Web Address:</b>		<b>Phone Number:</b>	
<b>E-mail Address:</b>		<b>Fax Number:</b>	
<b>Password:</b>		<b>Secret Question:</b>	
<b>PIN or User ID:</b>		<b>Answer to Question:</b>	
<b>Comments:</b>			

<b>Account Name:</b>		<b>Account Number:</b>
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail Address:</b>		<b>Fax Number:</b>
<b>Password:</b>	<b>Secret Question:</b>	
<b>PIN or User ID:</b>	<b>Answer to Question:</b>	
<b>Comments:</b>		
<b>Account Name:</b>		<b>Account Number:</b>
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail Address:</b>		<b>Fax Number:</b>
<b>Password:</b>	<b>Secret Question:</b>	
<b>PIN or User ID:</b>	<b>Answer to Question:</b>	
<b>Comments:</b>		
<b>Account Name:</b>		<b>Account Number:</b>
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail Address:</b>		<b>Fax Number:</b>
<b>Password:</b>	<b>Secret Question:</b>	
<b>PIN or User ID:</b>	<b>Answer to Question:</b>	
<b>Comments:</b>		
<b>Account Name:</b>		<b>Account Number:</b>
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail Address:</b>		<b>Fax Number:</b>
<b>Password:</b>	<b>Secret Question:</b>	
<b>PIN or User ID:</b>	<b>Answer to Question:</b>	
<b>Comments:</b>		
<b>Account Name:</b>		<b>Account Number:</b>
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail Address:</b>		<b>Fax Number:</b>
<b>Password:</b>	<b>Secret Question:</b>	
<b>PIN or User ID:</b>	<b>Answer to Question:</b>	
<b>Comments:</b>		

<b>Account Name:</b>		<b>Account Number:</b>
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail Address:</b>		<b>Fax Number:</b>
<b>Password:</b>	<b>Secret Question:</b>	
<b>PIN or User ID:</b>	<b>Answer to Question:</b>	
<b>Comments:</b>		
<b>Account Name:</b>		<b>Account Number:</b>
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail Address:</b>		<b>Fax Number:</b>
<b>Password:</b>	<b>Secret Question:</b>	
<b>PIN or User ID:</b>	<b>Answer to Question:</b>	
<b>Comments:</b>		
<b>Account Name:</b>		<b>Account Number:</b>
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail Address:</b>		<b>Fax Number:</b>
<b>Password:</b>	<b>Secret Question:</b>	
<b>PIN or User ID:</b>	<b>Answer to Question:</b>	
<b>Comments:</b>		
<b>Account Name:</b>		<b>Account Number:</b>
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail Address:</b>		<b>Fax Number:</b>
<b>Password:</b>	<b>Secret Question:</b>	
<b>PIN or User ID:</b>	<b>Answer to Question:</b>	
<b>Comments:</b>		
<b>Account Name:</b>		<b>Account Number:</b>
<b>Web Address:</b>		<b>Phone Number:</b>
<b>E-mail Address:</b>		<b>Fax Number:</b>
<b>Password:</b>	<b>Secret Question:</b>	
<b>PIN or User ID:</b>	<b>Answer to Question:</b>	
<b>Comments:</b>		

## ***Church, Clubs, and Other Organizations***

Many of us belong to various business, social, and professional organizations, as well as a church or synagogue, which you might want contacted if you are injured or become ill. Common business organizations might include the Chamber of Commerce, Kiwanis, and Rotary Club. Social organizations might include the Legion, Masons, and quilting clubs to name just a few. Professional organizations are typically related to your degree or career. For example, doctors belong to the CMA, attorneys to the CBAList all the organizations to which you belong. Be sure to specify the ones you want contacted, under what circumstances to contact them, and the best person to contact at each organization.

<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>			<b>Phone Number:</b>
			<b>Fax Number:</b>
			<b>E-mail Address:</b>
<b>Contact Person:</b>		<b>Contact Title:</b>	
For example, a fellow member or the organization president.		For example, Pastor or Membership Coordinator.	
<b>Circumstances for Contacting:</b>			
<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>			<b>Phone Number:</b>
			<b>Fax Number:</b>
			<b>E-mail Address:</b>
<b>Contact Person:</b>		<b>Contact Title:</b>	
<b>Circumstances for Contacting:</b>			
<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>			<b>Phone Number:</b>
			<b>Fax Number:</b>
			<b>E-mail Address:</b>
<b>Contact Person:</b>		<b>Contact Title:</b>	
<b>Circumstances for Contacting:</b>			
<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>			<b>Phone Number:</b>
			<b>Fax Number:</b>
			<b>E-mail Address:</b>
<b>Contact Person:</b>		<b>Contact Title:</b>	
<b>Circumstances for Contacting:</b>			

<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
		<b>E-mail Address:</b>	
<b>Contact Person:</b>		<b>Contact Title:</b>	
<b>Circumstances for Contacting:</b>			
<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
		<b>E-mail Address:</b>	
<b>Contact Person:</b>		<b>Contact Title:</b>	
<b>Circumstances for Contacting:</b>			
<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
		<b>E-mail Address:</b>	
<b>Contact Person:</b>		<b>Contact Title:</b>	
<b>Circumstances for Contacting:</b>			
<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
		<b>E-mail Address:</b>	
<b>Contact Person:</b>		<b>Contact Title:</b>	
<b>Circumstances for Contacting:</b>			
<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
		<b>E-mail Address:</b>	
<b>Contact Person:</b>		<b>Contact Title:</b>	
<b>Circumstances for Contacting:</b>			

<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
		<b>E-mail Address:</b>	
<b>Contact Person:</b>		<b>Contact Title:</b>	
<b>Circumstances for Contacting:</b>			
<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
		<b>E-mail Address:</b>	
<b>Contact Person:</b>		<b>Contact Title:</b>	
<b>Circumstances for Contacting:</b>			
<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
		<b>E-mail Address:</b>	
<b>Contact Person:</b>		<b>Contact Title:</b>	
<b>Circumstances for Contacting:</b>			
<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
		<b>E-mail Address:</b>	
<b>Contact Person:</b>		<b>Contact Title:</b>	
<b>Circumstances for Contacting:</b>			
<b>Organization Name:</b>		<b>Membership Number:</b>	
<b>Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
		<b>E-mail Address:</b>	
<b>Contact Person:</b>		<b>Contact Title:</b>	
<b>Circumstances for Contacting:</b>			

# Pets and Other Animals

An important aspect of our lives is the pets and other animals that we own and care for. People often have cats, dogs, birds, and other household pets that they want to give to a friend or family member when they are no longer able to care for them. Along with household pets, people might also own horses or other outside animals that will need new homes in the future.

It's important to thoroughly document each animal so that these loved creatures will be provided for according to your wishes. This information should also be recorded in your Last Will and Testament so it has legal status.

You might also want to attach a photograph of each animal to this worksheet so it can be easily identified. Be sure to write the name of each animal on the back of its picture.

<b>Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Type:</b> <small>For example, cat or dog.</small>	<b>Breed:</b> <small>For example, Tabby or Black Lab.</small>	<b>Color:</b> <small>For example, black with white nose.</small>	
<b>Age:</b>	<b>Weight:</b>	<b>Spaded or Neutered:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Veterinarian Clinic:</b>		<b>Veterinarian Name:</b>	
<b>Address:</b>			<b>Phone Number:</b>
			<b>E-mail Address:</b>
<b>Personality Traits:</b> <small>For example, loves kids and car rides.</small>		<b>Fears:</b> <small>For example, loud noises.</small>	
<b>Food Requirements and Preferences:</b> <small>List specific brands, flavors, and quantities because changing a pet's diet can cause digestive and other problems.</small>		<b>Favorite Treats:</b> <small>List specific brands and flavors and how often treats are given.</small>	
<b>Favorite Toys:</b>		<b>Night Sleeping Location:</b>	
<b>Skills:</b> <small>For example, potty trained, lease trained, and knows the listed set of commands.</small>		<b>Medical Conditions and Medications:</b> <small>List any medical conditions and the names, doses, and location of each medication. Also noted any upcoming shots.</small>	
<b>Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Type:</b>	<b>Breed:</b>	<b>Color:</b>	
<b>Age:</b>	<b>Weight:</b>	<b>Spaded or Neutered:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Veterinarian Clinic:</b>		<b>Veterinarian Name:</b>	
<b>Address:</b>			<b>Phone Number:</b>
			<b>E-mail Address:</b>
<b>Personality Traits:</b>		<b>Fears:</b>	
<b>Food Requirements and Preferences:</b>		<b>Favorite Treats:</b>	
<b>Favorite Toys:</b>		<b>Night Sleeping Location:</b>	
<b>Skills:</b>		<b>Medical Conditions and Medications:</b>	

<b>Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Type:</b>	<b>Breed:</b>	<b>Color:</b>	
<b>Age:</b>	<b>Weight:</b>	<b>Spaded or Neutered:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Veterinarian Clinic:</b>		<b>Veterinarian Name:</b>	
<b>Address:</b>	<b>Phone Number:</b>		<b>E-mail Address:</b>
<b>Personality Traits:</b>		<b>Fears:</b>	
<b>Food Requirements and Preferences:</b>		<b>Favorite Treats:</b>	
<b>Favorite Toys:</b>		<b>Night Sleeping Location:</b>	
<b>Skills:</b>		<b>Medical Conditions and Medications:</b>	
<b>Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Type:</b>	<b>Breed:</b>	<b>Color:</b>	
<b>Age:</b>	<b>Weight:</b>	<b>Spaded or Neutered:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Veterinarian Clinic:</b>		<b>Veterinarian Name:</b>	
<b>Address:</b>	<b>Phone Number:</b>		<b>E-mail Address:</b>
<b>Personality Traits:</b>		<b>Fears:</b>	
<b>Food Requirements and Preferences:</b>		<b>Favorite Treats:</b>	
<b>Favorite Toys:</b>		<b>Night Sleeping Location:</b>	
<b>Skills:</b>		<b>Medical Conditions and Medications:</b>	
<b>Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Type:</b>	<b>Breed:</b>	<b>Color:</b>	
<b>Age:</b>	<b>Weight:</b>	<b>Spaded or Neutered:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Veterinarian Clinic:</b>		<b>Veterinarian Name:</b>	
<b>Address:</b>	<b>Phone Number:</b>		<b>E-mail Address:</b>
<b>Personality Traits:</b>		<b>Fears:</b>	
<b>Food Requirements and Preferences:</b>		<b>Favorite Treats:</b>	
<b>Favorite Toys:</b>		<b>Night Sleeping Location:</b>	
<b>Skills:</b>		<b>Medical Conditions and Medications:</b>	

<b>Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Type:</b>	<b>Breed:</b>	<b>Color:</b>	
<b>Age:</b>	<b>Weight:</b>	<b>Spaded or Neutered:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Veterinarian Clinic:</b>		<b>Veterinarian Name:</b>	
<b>Address:</b>	<b>Phone Number:</b>		<b>E-mail Address:</b>
<b>Personality Traits:</b>		<b>Fears:</b>	
<b>Food Requirements and Preferences:</b>		<b>Favorite Treats:</b>	
<b>Favorite Toys:</b>		<b>Night Sleeping Location:</b>	
<b>Skills:</b>		<b>Medical Conditions and Medications:</b>	
<b>Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Type:</b>	<b>Breed:</b>	<b>Color:</b>	
<b>Age:</b>	<b>Weight:</b>	<b>Spaded or Neutered:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Veterinarian Clinic:</b>		<b>Veterinarian Name:</b>	
<b>Address:</b>	<b>Phone Number:</b>		<b>E-mail Address:</b>
<b>Personality Traits:</b>		<b>Fears:</b>	
<b>Food Requirements and Preferences:</b>		<b>Favorite Treats:</b>	
<b>Favorite Toys:</b>		<b>Night Sleeping Location:</b>	
<b>Skills:</b>		<b>Medical Conditions and Medications:</b>	
<b>Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Type:</b>	<b>Breed:</b>	<b>Color:</b>	
<b>Age:</b>	<b>Weight:</b>	<b>Spaded or Neutered:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Veterinarian Clinic:</b>		<b>Veterinarian Name:</b>	
<b>Address:</b>	<b>Phone Number:</b>		<b>E-mail Address:</b>
<b>Personality Traits:</b>		<b>Fears:</b>	
<b>Food Requirements and Preferences:</b>		<b>Favorite Treats:</b>	
<b>Favorite Toys:</b>		<b>Night Sleeping Location:</b>	
<b>Skills:</b>		<b>Medical Conditions and Medications:</b>	

# Family Contacts

List all the contact information that is necessary so that your children and other family members can be quickly and easily contacted. Also, don't try to contact all of these people yourself, but rather delegate a friend or family member to handle this task for you.

Remember to update this information (especially phone numbers and e-mail addresses) on a regular basis because such information changes frequently.

Spouse and Parents (including step-parents)			
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
Siblings (all brothers and sisters, including all adopted and step-siblings)			
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
Children (all sons and daughters, including all adopted and step-children)			

<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Grandchildren</b>			
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>
<b>Name:</b>		<b>Relationship:</b>	<b>Home Phone:</b>
<b>Address:</b>		<b>Date of Birth:</b>	<b>Work Phone:</b>
		<b>E-mail:</b>	<b>Cell Phone:</b>

**Grandchildren (continued)**

<b>Name:</b>			<b>Relationship:</b>			<b>Home Phone:</b>		
<b>Address:</b>			<b>Date of Birth:</b>			<b>Work Phone:</b>		
			<b>E-mail:</b>			<b>Cell Phone:</b>		
<b>Name:</b>			<b>Relationship:</b>			<b>Home Phone:</b>		
<b>Address:</b>			<b>Date of Birth:</b>			<b>Work Phone:</b>		
			<b>E-mail:</b>			<b>Cell Phone:</b>		
<b>Name:</b>			<b>Relationship:</b>			<b>Home Phone:</b>		
<b>Address:</b>			<b>Date of Birth:</b>			<b>Work Phone:</b>		
			<b>E-mail:</b>			<b>Cell Phone:</b>		
<b>Name:</b>			<b>Relationship:</b>			<b>Home Phone:</b>		
<b>Address:</b>			<b>Date of Birth:</b>			<b>Work Phone:</b>		
			<b>E-mail:</b>			<b>Cell Phone:</b>		
<b>Name:</b>			<b>Relationship:</b>			<b>Home Phone:</b>		
<b>Address:</b>			<b>Date of Birth:</b>			<b>Work Phone:</b>		
			<b>E-mail:</b>			<b>Cell Phone:</b>		
<b>Name:</b>			<b>Relationship:</b>			<b>Home Phone:</b>		
<b>Address:</b>			<b>Date of Birth:</b>			<b>Work Phone:</b>		
			<b>E-mail:</b>			<b>Cell Phone:</b>		
<b>Name:</b>			<b>Relationship:</b>			<b>Home Phone:</b>		
<b>Address:</b>			<b>Date of Birth:</b>			<b>Work Phone:</b>		
			<b>E-mail:</b>			<b>Cell Phone:</b>		
<b>Name:</b>			<b>Relationship:</b>			<b>Home Phone:</b>		
<b>Address:</b>			<b>Date of Birth:</b>			<b>Work Phone:</b>		
			<b>E-mail:</b>			<b>Cell Phone:</b>		
<b>Name:</b>			<b>Relationship:</b>			<b>Home Phone:</b>		
<b>Address:</b>			<b>Date of Birth:</b>			<b>Work Phone:</b>		
			<b>E-mail:</b>			<b>Cell Phone:</b>		
<b>Name:</b>			<b>Relationship:</b>			<b>Home Phone:</b>		
<b>Address:</b>			<b>Date of Birth:</b>			<b>Work Phone:</b>		
			<b>E-mail:</b>			<b>Cell Phone:</b>		
<b>Name:</b>			<b>Relationship:</b>			<b>Home Phone:</b>		
<b>Address:</b>			<b>Date of Birth:</b>			<b>Work Phone:</b>		
			<b>E-mail:</b>			<b>Cell Phone:</b>		
<b>Name:</b>			<b>Relationship:</b>			<b>Home Phone:</b>		
<b>Address:</b>			<b>Date of Birth:</b>			<b>Work Phone:</b>		
			<b>E-mail:</b>			<b>Cell Phone:</b>		

# Personal Background

List your personal information, such as military service, employment, birthplace, and emergency contact, and keep the information current.

<b>Name:</b>					<b>Gender:</b> <input type="checkbox"/> Male	
	Title	First	Middle	Last	<input type="checkbox"/> Female	
<b>Home Address:</b>					<b>Home Phone:</b>	
					<b>Cell Phone:</b>	
					<b>Work Phone:</b>	
<b>Country:</b>				<b>E-mail Address:</b>		
<b>Social Insurance Number:</b>					<b>Date of Birth:</b>	
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated						
<b>Canadian Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, Country of Citizenship:						
<b>Permanent Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, Resident Number:						
<b>Military Service</b>						
<b>Have you served in the Canadian Armed Forces,</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Branch of Service:</b>		
				<b>Occupation:</b>		
<b>Highest Rank Attained:</b>				<b>Service Dates:</b>		
<b>Rank Discharged:</b>						
<b>Type of Discharge:</b>				<b>Service Number:</b>		
<b>Currently participating in any Military Reserve?</b>						
<b>Employment</b>						
<b>Employer:</b>				<b>Position Title:</b>		
<b>Work Address:</b>					<b>Company Phone:</b>	
					<b>Work Phone:</b>	
					<b>Fax Number:</b>	
<b>Supervisor Name:</b>				<b>Supervisor Title:</b>		
<b>Supervisor E-mail:</b>				<b>Supervisor Phone:</b>		
<b>Birthplace</b>						
<b>Hospital Name:</b>				<b>Location of Birth Certificate:</b>		
<b>Address:</b>						
<b>County:</b>				<b>Phone Number:</b>		
<b>Country:</b>				<b>Fax Number:</b>		
<b>Emergency Contact</b>						
<b>Name:</b>				<b>Relationship:</b>		
<b>Address:</b>					<b>Home Phone:</b>	
					<b>Cell Phone:</b>	
					<b>Work Number:</b>	
<b>E-mail Address:</b>				<b>Fax Number:</b>		

# Doctors

List the contact information for each of your doctors, including your dentist and ophthalmologist, so they can be easily contacted by your family if the need arises. You can record related information, such as your prescriptions, discount cards, medical insurance, and Medicare/Medicaid information, on other worksheets included in the Funeral Planning Guide.

Use the Comments section to document any issues that family and friends might need to know about or you think are important. For example, if you have a large outstanding bill that you are paying off over a long period of time and your family will need to ensure that this continues to be taken care of and that other financial matters are properly addressed.

<b>Doctor Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Business Name:</b> <small>For example, a business practice of several doctors, such as Central Medical Clinic.</small>		<b>Area of Practice:</b> <small>For example, primary care physician, cardiologist, OB/GYN, dentist, or ophthalmologist.</small>	
<b>Office Address:</b>		<b>Billing Address:</b>	
	<small>Where you go for your appointments.</small>		<small>Might be the same as the office address.</small>
<b>Office Phone:</b>		<b>Billing Phone:</b>	
<b>Fax Number:</b>		<b>E-mail Address:</b>	
<b>Emergency Phone:</b> <small>Usually a 24-hour contact number for the doctor.</small>		<b>Web Address:</b>	
<b>Comments:</b>			
<b>Doctor Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Business Name:</b>		<b>Area of Practice:</b>	
<b>Office Address:</b>		<b>Billing Address:</b>	
<b>Office Phone:</b>		<b>Billing Phone:</b>	
<b>Fax Number:</b>		<b>E-mail Address:</b>	
<b>Emergency Phone:</b>		<b>Web Address:</b>	
<b>Comments:</b>			
<b>Doctor Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Business Name:</b>		<b>Area of Practice:</b>	
<b>Office Address:</b>		<b>Billing Address:</b>	
<b>Office Phone:</b>		<b>Billing Phone:</b>	
<b>Fax Number:</b>		<b>E-mail Address:</b>	
<b>Emergency Phone:</b>		<b>E-mail Address:</b>	
<b>Comments:</b>			

<b>Doctor Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Business Name:</b>		<b>Area of Practice:</b>	
<b>Office Address:</b>		<b>Billing Address:</b>	
<b>Office Phone:</b>		<b>Billing Phone:</b>	
<b>Fax Number:</b>		<b>E-mail Address:</b>	
<b>Emergency Phone:</b>		<b>Web Address:</b>	
<b>Comments:</b>			
<b>Doctor Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Business Name:</b>		<b>Area of Practice:</b>	
<b>Office Address:</b>		<b>Billing Address:</b>	
<b>Office Phone:</b>		<b>Billing Phone:</b>	
<b>Fax Number:</b>		<b>E-mail Address:</b>	
<b>Emergency Phone:</b>		<b>Web Address:</b>	
<b>Comments:</b>			
<b>Doctor Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Business Name:</b>		<b>Area of Practice:</b>	
<b>Office Address:</b>		<b>Billing Address:</b>	
<b>Office Phone:</b>		<b>Billing Phone:</b>	
<b>Fax Number:</b>		<b>E-mail Address:</b>	
<b>Emergency Phone:</b>		<b>Web Address:</b>	
<b>Comments:</b>			
<b>Doctor Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Business Name:</b>		<b>Area of Practice:</b>	
<b>Office Address:</b>		<b>Billing Address:</b>	
<b>Office Phone:</b>		<b>Billing Phone:</b>	
<b>Fax Number:</b>		<b>E-mail Address:</b>	
<b>Emergency Phone:</b>		<b>Web Address:</b>	
<b>Comments:</b>			

<b>Doctor Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Business Name:</b>		<b>Area of Practice:</b>	
<b>Office Address:</b>		<b>Billing Address:</b>	
<b>Office Phone:</b>		<b>Billing Phone:</b>	
<b>Fax Number:</b>		<b>E-mail Address:</b>	
<b>Emergency Phone:</b>		<b>Web Address:</b>	
<b>Comments:</b>			
<b>Doctor Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Business Name:</b>		<b>Area of Practice:</b>	
<b>Office Address:</b>		<b>Billing Address:</b>	
<b>Office Phone:</b>		<b>Billing Phone:</b>	
<b>Fax Number:</b>		<b>E-mail Address:</b>	
<b>Emergency Phone:</b>		<b>Web Address:</b>	
<b>Comments:</b>			
<b>Doctor Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Business Name:</b>		<b>Area of Practice:</b>	
<b>Office Address:</b>		<b>Billing Address:</b>	
<b>Office Phone:</b>		<b>Billing Phone:</b>	
<b>Fax Number:</b>		<b>E-mail Address:</b>	
<b>Emergency Phone:</b>		<b>Web Address:</b>	
<b>Comments:</b>			
<b>Doctor Name:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Business Name:</b>		<b>Area of Practice:</b>	
<b>Office Address:</b>		<b>Billing Address:</b>	
<b>Office Phone:</b>		<b>Billing Phone:</b>	
<b>Fax Number:</b>		<b>E-mail Address:</b>	
<b>Emergency Phone:</b>		<b>Web Address:</b>	
<b>Comments:</b>			

# ***Prescriptions and Medicines***

The cost of prescription drugs are raising each year, along with the number of prescriptions each of us take. This increasing cost can be a significant burden on people, especially those who are retired and on fixed incomes. Some people have various resources to help with these costs, such as prescription insurance, Veteran benefits, and insurance supplements. However, these resources may only cover part of the expense.

These prescriptions are often written by different doctors, such as your primary care physician, cardiologist, and dermatologist, and filled at different pharmacies. As a result of this complexity, it is important that you record all of your prescription information so that your various doctors can see, at a glance, all of the medicines you are taking. This will greatly reduce the chance that you are taking medicines that might inappropriately interact with each other. It might also help your doctors to notice situations where your dosages should be adjusted or where generic drugs can be substituted.

And finally, recording this information might allow you to shop for better prices on your prescriptions by comparing prices at different pharmacies.

Medicine Name	Dosage	Cost	Date
13.			
14.			
15.			
16. As the names appear on the bottles.	Daily, weekly, or monthly.	Per refill.	Written by doctor.
<b>Pharmacy Name:</b>		<b>Phone Number:</b>	
<b>Pharmacy Address:</b>	<b>Fax Number:</b>		
	<b>E-mail Address:</b>		
<b>Doctor Name:</b>		<b>Phone Number:</b>	
<b>Doctor Address:</b>	<b>Fax Number:</b>		
	<b>E-mail Address:</b>		
<b>Prescription Insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, provide this information on the Insurance Policies worksheet.			
<b>Comments:</b>			
Medicine Name	Dosage	Cost	Date
1.			
2.			
3.			
4.			
As the names appear on the bottles.	Daily, weekly, or monthly.	Per refill.	Written by doctor.
<b>Pharmacy Name:</b>		<b>Phone Number:</b>	
<b>Pharmacy Address:</b>	<b>Fax Number:</b>		
	<b>E-mail Address:</b>		
<b>Doctor Name:</b>		<b>Phone Number:</b>	
<b>Doctor Address:</b>	<b>Fax Number:</b>		
	<b>E-mail Address:</b>		
<b>Prescription Insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, provide this information on the Insurance Policies worksheet.			

Medicine Name	Dosage	Cost	Date
1.			
2.			
3.			
4.			
As the names appear on the bottles.		Daily, weekly, or monthly.	Per refill.
<b>Pharmacy Name:</b>		<b>Phone Number:</b>	
<b>Pharmacy Address:</b>			<b>Fax Number:</b>
			<b>E-mail Address:</b>
<b>Doctor Name:</b>		<b>Phone Number:</b>	
<b>Doctor Address:</b>			<b>Fax Number:</b>
			<b>E-mail Address:</b>
Prescription Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, provide this information on the Insurance Policies worksheet.			
Medicine Name	Dosage	Cost	Date
1.			
2.			
3.			
4.			
As the names appear on the bottles.		Daily, weekly, or monthly.	Per refill.
<b>Pharmacy Name:</b>		<b>Phone Number:</b>	
<b>Pharmacy Address:</b>			<b>Fax Number:</b>
			<b>E-mail Address:</b>
<b>Doctor Name:</b>		<b>Phone Number:</b>	
<b>Doctor Address:</b>			<b>Fax Number:</b>
			<b>E-mail Address:</b>
Prescription Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, provide this information on the Insurance Policies worksheet.			
Medicine Name	Dosage	Cost	Date
1.			
2.			
3.			
4.			
As the names appear on the bottles.		Daily, weekly, or monthly.	Per refill.
<b>Pharmacy Name:</b>		<b>Phone Number:</b>	
<b>Pharmacy Address:</b>			<b>Fax Number:</b>
			<b>E-mail Address:</b>
<b>Doctor Name:</b>		<b>Phone Number:</b>	
<b>Doctor Address:</b>			<b>Fax Number:</b>
			<b>E-mail Address:</b>
Prescription Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, provide this information on the Insurance Policies worksheet.			

Medicine Name	Dosage	Cost	Date
1.			
2.			
3.			
4.			
As the names appear on the bottles.		Daily, weekly, or monthly.	Per refill.
<b>Pharmacy Name:</b>		<b>Phone Number:</b>	
<b>Pharmacy Address:</b>			<b>Fax Number:</b>
			<b>E-mail Address:</b>
<b>Doctor Name:</b>		<b>Phone Number:</b>	
<b>Doctor Address:</b>			<b>Fax Number:</b>
			<b>E-mail Address:</b>
Prescription Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, provide this information on the Insurance Policies worksheet.			
Medicine Name	Dosage	Cost	Date
1.			
2.			
3.			
4.			
As the names appear on the bottles.		Daily, weekly, or monthly.	Per refill.
<b>Pharmacy Name:</b>		<b>Phone Number:</b>	
<b>Pharmacy Address:</b>			<b>Fax Number:</b>
			<b>E-mail Address:</b>
<b>Doctor Name:</b>		<b>Phone Number:</b>	
<b>Doctor Address:</b>			<b>Fax Number:</b>
			<b>E-mail Address:</b>
Prescription Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, provide this information on the Insurance Policies worksheet.			
Medicine Name	Dosage	Cost	Date
1.			
2.			
3.			
4.			
As the names appear on the bottles.		Daily, weekly, or monthly.	Per refill.
<b>Pharmacy Name:</b>		<b>Phone Number:</b>	
<b>Pharmacy Address:</b>			<b>Fax Number:</b>
			<b>E-mail Address:</b>
<b>Doctor Name:</b>		<b>Phone Number:</b>	
<b>Doctor Address:</b>			<b>Fax Number:</b>
			<b>E-mail Address:</b>
Prescription Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, provide this information on the Insurance Policies worksheet.			



*Serenity Lindsay Funeral Home & Crematorium*

568 Main Street, Wolfville, Nova Scotia B4P 1E7  
902-542-4656 Office 1-877-542-4656 Toll Free 902-542-4690 Fax  
[serenity@serenityfuneral.com](mailto:serenity@serenityfuneral.com) [www.serenityfuneral.com](http://www.serenityfuneral.com)

**Permission for Cremation**

To Serenity Funeral Home & Crematorium

I, \_\_\_\_\_  
(Next of kin / Legal Executor)

of, \_\_\_\_\_ in \_\_\_\_\_  
(Full Postal Address) (City and Province)

Hereby grant permission to Serenity Funeral Home & Crematorium for the cremation of the remains of \_\_\_\_\_

The particulars relative to the above deceased are:

Address of deceased \_\_\_\_\_

Date of birth of deceased \_\_\_\_\_

Place of birth of deceased \_\_\_\_\_

Date of death \_\_\_\_\_

Place of death \_\_\_\_\_

Arrangements under the care of \_\_\_\_\_

I, the undersigned Next of Kin/Legal Executor do declare that I am legally within my rights to authorize the cremation of the above named deceased, and agree to hold Serenity Funeral Home & Crematorium harmless for damages should any litigation arise because of the said authorization and subsequent cremation.

I, the undersigned, do understand that due to the nature of the cremation process, personal possession and valuable materials are not recoverable and such items should be requested to be removed prior to the cremation process.

I, the undersigned, do understand that any implanted mechanical device, such as pacemaker or any other device which may create a hazardous condition during cremation, must be removed. If such a device is present I have instructed the Funeral Director to remove it before cremation.

Witness \_\_\_\_\_  
(Next of Kin/ Legal Executor)

Signed \_\_\_\_\_

Date \_\_\_\_\_