



HERITAGE

FUNERAL HOME

PERSONAL PLANNING
PORTFOLIO



Our Community is Our Heritage.



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HUSBAND'S VITAL STATISTICS

Name: _____

Address _____ Telephone: _____

City, State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Occupation (or retired from): _____

Employer: _____

Type of Business: _____ How Long Employed: _____

Social Security Number: _____

Married; _____ Single: _____ Widowed: _____ Divorced: _____

Father's Name: _____

Birthplace: _____ Date of Birth: _____

Mother's Maiden Name: _____

Birthplace: _____ Date of Birth: _____

Education: _____ Years: _____ Degrees: _____

MILITARY STATISTICS

Branch of Service _____ Service Serial Number: _____

Date Entered Service _____ Place: _____

Date of Separation: _____ Place: _____

Grade, Rank or Rating: _____

Wars/Conflicts Served: _____

Additional Information _____



WIFE'S VITAL STATISTICS

Name: _____

Address _____ Telephone: _____

City, State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Occupation (or retired from): _____

Employer: _____

Type of Business: _____ How Long Employed: _____

Social Security Number: _____

Married; _____ Single: _____ Widowed: _____ Divorced: _____

Father's Name: _____

Birthplace: _____ Date of Birth: _____

Mother's Maiden Name: _____

Birthplace: _____ Date of Birth: _____

Education: _____ Years: _____ Degrees: _____

MILITARY STATISTICS

Branch of Service _____ Service Serial Number: _____

Date Entered Service _____ Place: _____

Date of Separation: _____ Place: _____

Grade, Rank or Rating: _____

Wars/Conflicts Served: _____

Additional Information _____



HUSBAND'S FUNERAL SERVICE INSTRUCTIONS

Funeral Home: _____ Telephone: _____

Address _____

Service Location: Church Funeral Home Gravesite: _____

Church Preference: _____

Clergyman: _____

Lodge/Veteran Service By: _____

Casket: _____

Obituary Yes No _____

Music Selections: 1. _____

2. _____

3. _____

4. _____

Clothing: _____

Floral Description: _____

Jewelry: _____

Glasses On: Yes No _____

Other Instructions: _____

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

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

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

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

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

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

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



HUSBAND'S CHILDREN

Name: _____ Telephone: _____

Address _____

Name: _____ Telephone: _____

Address _____

Name: _____ Telephone: _____

Address _____

Name: _____ Telephone: _____

Address _____

Name: _____ Telephone: _____

Address _____

ORGANIZATIONS TO BE NOTIFIED

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____



WIFE'S CHILDREN

Name: _____ Telephone: _____

Address _____

Name: _____ Telephone: _____

Address _____

Name: _____ Telephone: _____

Address _____

Name: _____ Telephone: _____

Address _____

Name: _____ Telephone: _____

Address _____

ORGANIZATIONS TO BE NOTIFIED

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____



HUSBAND'S HISTORICAL INFORMATION (OBITUARY)

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

Education: _____ Years: _____ Degrees: _____

Fraternity/Honor Society: _____ Years: _____ Position Held: _____

Military: _____ Years: _____ Rank: _____

Civic or Public Offices Held: _____ Years: _____ Where: _____

Special Achievements or Recognition: _____

Other: _____

TO MY FAMILY

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

Signed: _____ Dated: _____



WIFE'S HISTORICAL INFORMATION (OBITUARY)

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

Education: _____ Years: _____ Degrees: _____

Fraternity/Honor Society: _____ Years: _____ Position Held: _____

Military: _____ Years: _____ Rank: _____

Civic or Public Offices Held: _____ Years: _____ Where: _____

Special Achievements or Recognition: _____

Other: _____

TO MY FAMILY

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Signed: _____ Dated: _____



ADDITIONAL INFORMATION

SOCIAL SECURITY

Husband's Social Security Number: _____

Wife's Social Security Number: _____

Location of Nearest Social Security Office: _____

Telephone: _____

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

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

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

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

It is a good idea to check your record every three years to make sure that earnings are being correctly reported to your record. Forms have been provided at the back of this book for that purpose. Additional forms may be obtained from the Social Security Office.

IMPORTANCE OF A WILL

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

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

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

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

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



Request for Social Security Statement

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

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

1. Name shown on your Social Security card:

First Name _____ Middle Initial _____
Last Name Only _____

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

- -

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

- -

4. Other Social Security numbers you have used:

- -

- -

5. Your Sex: Male Female

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

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

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

\$, .

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

\$, .

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

(*Show only one age!*)

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

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

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

Future average yearly earnings: (*Dollars Only*)

\$, .

9. Do you want us to send the *Statement*:
 • To you? Enter your name and mailing address.
 • To someone else (your accountant, pension plan, etc.)? Enter your name with "c/o" and the name and address of that person or organization.

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

Street Address

Street Address (If Foreign Address, enter City, Province, Postal Code)

U.S. City, State, Zip code (If Foreign Address, enter Name of Country only)

NOTICE:

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

Please sign your name (Do Not Print)

Date _____ (Area Code) Daytime Telephone No. _____

About The Privacy Act

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

Paperwork Reduction Act Notice

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

Request for *Social Security Statement*

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

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

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

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

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

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

