

*** This Document has no Legal Significance. The Document is to assist your personal representative and your family upon your death.

FUNERAL REQUEST
OF

Funeral Home: _____

Address: _____

_____ Telephone () _____ - _____

Service Type: Religious _____ Military _____ Fraternal _____

Person Officiating: _____

Address: _____

_____ Telephone () _____ - _____

Music Selections: _____

Readings Selections: _____

Flowers: _____

Memorials: _____

Pallbearers: _____

Dispositions: Burial: _____ Cremation: _____

Other Instructions:

FUNERAL REQUEST
OF

Funeral Home: _____

Address: _____

_____ Telephone () _____ - _____

Service Type: Religious _____ Military _____ Fraternal _____

Person Officiating: _____

Address: _____

_____ Telephone () _____ - _____

Music Selections: _____

Readings Selections: _____

Flowers: _____

Memorials: _____

Pallbearers: _____

Dispositions: Burial: _____ Cremation: _____

Other Instructions:

BURIAL

Cemetery: _____

Address: _____

_____ Telephone () _____ - _____

Location: _____

Section: _____ **Plot No.** _____ **Block:** _____

Location of Deed: _____

Special Instruction: _____

FUNERAL EXPENSES COVERAGE

Life Insurance: _____

Address: _____

_____ Telephone () _____ - _____

Policy Number: _____

Social Security: _____

Social Security Number: _____ - _____ - _____

Union Benefit: _____

Address: _____

_____ Telephone () _____ - _____

Fraternal Organization(s): _____

Address: _____

_____ Telephone () _____ - _____

Pension Benefit: _____

Address: _____

_____ Telephone () _____ - _____

Policy Number: _____

Burial Insurance: _____

Address: _____

_____ Telephone () _____ - _____

Policy Number: _____

Military Benefits: _____

Address: _____

_____ Telephone () _____ - _____

Policy Number: _____

Bank Account: Saving _____ Checking _____ Other _____

Address: _____

_____ Telephone () _____ - _____

Policy Number: _____

Funeral Trust: _____

Address: _____

_____ Telephone () _____ - _____

Policy Number: _____

Other: _____

Address: _____

_____ Telephone () _____ - _____

Policy Number: _____

NOTIFICATION LIST

Accountant: _____

Address: _____

_____ Telephone () _____ - _____

Attorney: _____

Address: _____

_____ Telephone () _____ - _____

Banker: _____

Address: _____

_____ Telephone () _____ - _____

Clergyman: _____

Address: _____

_____ Telephone () _____ - _____

Employer: _____

Address: _____

_____ Telephone () _____ - _____

Employer (2nd): _____

Address: _____

_____ Telephone () _____ - _____

Estate Administrator: _____

Address: _____

_____ Telephone () _____ - _____

Estate Administrator (Alternative) : _____

Address: _____

_____ Telephone () _____ - _____

Funeral Director: _____

Address: _____

_____ Telephone () _____ - _____

Guardian: _____

Address: _____

_____ Telephone () _____ - _____

Guardian (Alternative): _____

Address: _____

_____ Telephone () _____ - _____

Insurance Agent: _____

Address: _____

_____ Telephone () _____ - _____

Military: _____

Address: _____

_____ Telephone () _____ - _____

Newspaper: _____

Address: _____
_____ Telephone () _____ - _____

Newspaper: _____

Address: _____
_____ Telephone () _____ - _____

Social Security Numbers:

FRIENDS AND RELATIVES

Name: _____

Address: _____
_____ Telephone () _____ - _____

Email Address: _____

Name: _____

Address: _____
_____ Telephone () _____ - _____

Email Address: _____

Name: _____

Address: _____
_____ Telephone () _____ - _____

Email Address: _____

Name: _____

Address: _____
_____ Telephone () _____ - _____

Email Address: _____

Name: _____

Address: _____
_____ Telephone () _____ - _____

Email Address: _____

Name: _____

Address: _____
_____ Telephone () _____ - _____

Email Address: _____

Name: _____

Address: _____
_____ Telephone () _____ - _____

Email Address: _____

See Attached list for additional for additional names **Yes** **No**

INSURANCE

LIFE:

Company: _____

Agent: _____

Address: _____
_____ Telephone () _____ - _____

Email Address: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained: _____ Location of Policy: _____

Company: _____

Agent: _____

Address: _____
_____ Telephone () _____ - _____

Email Address: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained: _____ Location of Policy: _____

See attached list of additional insurance company _____ Yes _____ No

HEALTH:

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email Address: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained: _____ Location of Policy: _____

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained: _____ Location of Policy: _____

See attached list of additional insurance company _____ Yes _____ No

AUTOMOBILE INSURANCE:

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained _____ Location of Policy: _____

See attached list of additional insurance company _____ **Yes** _____ **No**

DENTAL INSURANCE:

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained _____ Location of Policy: _____

See attached list of additional insurance company _____ **Yes** _____ **No**

HOUSE INSURANCE:

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____
Beneficiary: _____ Amount: _____
Date Obtained _____ Location of Policy: _____

See attached list of additional insurance company _____ Yes _____ No

TIME SHARE:

Location: _____
Company: _____
Agent: _____
Address: _____
_____ Telephone () _____ - _____
Email: _____
Website: _____
Beneficiary: _____ Value: _____
Date Obtained _____ Location of Deed: _____

See attached list of additional insurance company _____ Yes _____ No

PENSIONS:

Company:

Agent: _____
Address: _____
_____ Telephone () _____ - _____
Email: _____
Website: _____
Policy Number: _____ Owner: _____
Beneficiary: _____ Amount: _____

Date Obtained _____ Location of Policy: _____

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained _____ Location of Policy: _____

SAVINGS ACCOUNT:

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Account Number: _____

Other Owners: _____

Beneficiary: _____ Amount: _____

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Account Number: _____

Other Owners: _____

Beneficiary: _____ Amount: _____

CHECKING ACCOUNTS:

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Account Number: _____

Other Owners: _____

Beneficiary: _____ Amount: _____

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Account Number: _____

Other Owners: _____

Beneficiary: _____ Amount: _____

SAVINGS CERTIFICATES:

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Account Number: _____

Other Owners: _____

Beneficiary: _____ Amount: _____

CREDIT UNION:

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Account Number: _____

Other Owners: _____

Beneficiary: _____ Amount: _____

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Account Number: _____

Other Owners: _____

Beneficiary: _____ Amount: _____

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Account Number: _____

Other Owners: _____

Beneficiary: _____ Amount: _____

VETERANS' BENEFITS:

Veteran Administration Office:

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Branch of Service: _____ Type of Discharge: _____

G.I. No.: _____ Rank: _____

Date of Discharge _____ Retirement Date: _____

IRA:

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained _____ Type: _____

Location of Policy: _____

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____
Beneficiary: _____ Amount: _____
Date Obtained _____ Type: _____
Location of Policy: _____

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained _____ Type: _____

Location of Policy: _____

See attached list of additional IRA _____ **Yes** _____ **No**

ANNUITIES:

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained _____ Type: _____

Location of Policy: _____

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained _____ Type: _____

Location of Policy: _____

See attached list of additional annuities _____ **Yes** _____ **No**

MUTUAL FUNDS:

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained _____ Type: _____

Location of Policy: _____

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained _____ Type: _____

Location of Policy: _____

See attached list of additional mutual funds _____ Yes _____ No

OTHER BANKING ACCOUNTS / SAFETY DEPOSIT BOX:

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Key Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained _____ Type: _____

Location of Policy: _____

Any Direct Deposits or Contents of Safety Deposit Box:

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____
Beneficiary: _____ Amount: _____
Date Obtained _____ Type: _____
Location of Policy: _____
Any Direct Deposits: _____

Company: _____
Agent: _____
Address: _____
_____ Telephone () _____ - _____
Email: _____
Website: _____

Policy Number: _____ Owner: _____
Beneficiary: _____ Amount: _____
Date Obtained: _____ Type: _____
Location of Policy: _____
Any Direct Deposits: _____

See attached list of additional Bank Accounts _____ **Yes** _____ **No**

STOCK/BONDS:

Company: _____
Agent: _____
Address: _____
_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained: _____ Type: _____

Location of Policy: _____

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained: _____ Type: _____

Location of Policy: _____

Company: _____

Agent: _____

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Policy Number: _____ Owner: _____

Beneficiary: _____ Amount: _____

Date Obtained: _____ Type: _____

Location of Policy: _____

See attached list of additional Stocks and Bonds _____ Yes _____ No

CREDIT CARDS:

Company: _____

Address: _____
_____ Telephone () _____ - _____

Email: _____

Website: _____

Card Number: _____ Amount: _____

Date Obtained: _____ Type: _____

Location of Card and Bills: _____

Company: _____

Address: _____
_____ Telephone () _____ - _____

Email: _____

Website: _____

Card Number: _____ Amount: _____

Date Obtained: _____ Type: _____

Location of Card and Bills: _____

Company: _____

Address: _____
_____ Telephone () _____ - _____

Email: _____

Website: _____

Card Number: _____ Amount: _____

Date Obtained: _____ Type: _____

Location of Card and Bills: _____

See attached list of additional Credit Card Companies _____ **Yes** _____ **No**

OTHER:

Company: _____

Agent: _____

Address: _____
_____ Telephone () _____ - _____

Email: _____

Website: _____

Card Number: _____ Amount: _____

Date Obtained: _____ Type: _____

Location of Card and Bills: _____

See attached list of additional _____ Yes _____ No

PERSONAL DEBT YOU OWE OR OWED TO YOU

Company or Person:

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Card Number: _____ Amount: _____

Date Obtained: _____ Type: _____

Location of Card, Bills, Contract:

Company or Person:

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Card Number: _____ Amount: _____

Date Obtained: _____ Type: _____

Location of Card, Bills, Contract:

Company or Person:

Address: _____

_____ Telephone () _____ - _____

Email: _____

Website: _____

Card Number: _____ Amount: _____

Date Obtained: _____ Type: _____

Location of Card, Bills, Contract:

DOCUMENTS LOCATOR:

Insurance Documents: _____

Birth Certificate:

Adoption Papers:

Marriage Licenses or Certificate:

Social Security Cards:

Drivers Licenses:

Automobile or Other Vehicle Records: _____

Military Records and Discharge Papers:

Divorce Decree:

Mortgage Document:

Homes Deeds:

Bank Accounts: _____

Passport:

Credit Cards: _____

Tax Returns:

Wills and Trust:

Powers of Attorney:

Pre-Nuptial Agreements:

Business Assets and Papers:

Cemetery Deeds:

Stock Certificates:

CD's:

Pensions:

Annuities:

Bonds:

Other Investments:

Anatomical Gift Authorizations:

Citizenship Papers:

Safe Deposit Keys:

Student Loans:

Outstanding Accounts or Bills:

Money Owed to You:

Financial Records:

List all accounts name and numbers with PINS (debit, credit, etc.):

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