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## FINAL CHECKLIST

Final Wishes Planner of:			
Date completed:			
MY PERSONAL INFORMATION			
Full Legal Name			
Address			
City, State, ZIP			
Place of birth			
(City, state, country)			
Date of birth			
Social security number			
Mother's maiden name			
Father's name			
Executor of estate			
Attorney			
PEOPLE TO BE NOTIFIED			
Name	Relationship	Phone Number	

Church, synagogue or other house of worship (name & phone number):				
Pastor, Minister, Rabbi or other religious contact (name & phone number):				
Personal Wishes:				
Newspapers and/or locations I wish my obituary to be placed:				
I have some beloved pets. Here's who I want to care for them:				
FINAL ARRANGEMENTS				
My services are preplanned □ Yes □ No				
If yes, please contact: name & phone number:				
If no, I prefer:   Cremation   Burial				
Crematorium or funeral parlor name & phone number:				
I prefer my cremated remains to be:				
☐ Retained by family ☐ Scattered at sea ☐ Other				
Scatter ashes where & when:				
☐ I prefer traditional burial and as my final resting place: (name, address, city, state)				
Preferences for location/proximity to others? ☐ Yes ☐ No				
Specify:				

My casket/vault preferences:	
I would like as pallbearers the	ese people:
Name	Phone Number
MEMORIAL SERVICE REQUE Memorials should go to:	≣ST
Organization	Address
Organization	Address
Organization	Address
	Address No
Flowers?	

These are the readings I would like used:		
My special requests or prayers:		
Memorial Card □ Yes □ No		
LOCATION OF IMPORTANT PAPERS		
Do you have a will/trust?		
Do you have a birth certificate? ☐ Yes ☐ No Where is it?		
Do you have a marriage certificate? ☐ Yes ☐ No Where is it?		
Do you have checking or savings accounts? ☐ Yes ☐ No Where (facility names)?		
Do you have a safe deposit box? ☐ Yes ☐ No Where is it?		

Do you have a mortgage?   Yes  No Where is it and your bank statements, deeds or other	important financial records?
Do you have military discharge papers?   Where are they?	□ No
Do you have life insurance papers?   Yes  Where are they?	No
Do you have tax returns	
Do you have any retirement account records?  Where are they?	Yes 🗖 No
Do you have charge accounts or current bills?  Where are they?	Yes • No
Do you have an auto registration/title?    Where is it?	□ No