

CIPPARONE & ZACCARO, P.C.

PERSONAL AFFAIRS AND FUNERAL ARRANGEMENTS CHECKLIST

Date Form Completed: _____

We created this checklist as an aid to surviving family members at the time of your death. For assistance in filling it out, you may wish to consult your clergy, attorney, funeral director, family members, or friends. The original of this form should be given to the person who will be handling your funeral arrangements. Your attorney would appreciate having a copy to place in your file.

These arrangements were made in consultation with _____

1. Full and legal name: _____

a. Maiden name: _____

b. Any variations on your name: _____

2. Legal residence: _____

Years at this address: _____

3. Telephone: _____ Social Security No.: _____

4. Date of birth: _____

5. Place of birth: _____

6. Sex: _____ Single: _____ Married: _____ Widowed: _____ Divorced: _____

a. If married, give full name of spouse: _____

Date and place of marriage: _____

b. If widowed, give full name of spouse and date and place of death: _____

c. If divorced, and former spouse is still living, give name, address and phone: _____

7. Name and birthplace of father (address and phone, if still living): _____

8. Name and birthplace of mother, including maiden name (address and phone, if still living):

9. Name, date of birth and social security # of each child (address and phone if living):

10. Name of each brother and sister (address and phone, if living):

11. Name, address and phone of other significant friends or relatives: _____

12. Name, address and phone of clergy: _____

Church/Synagogue affiliation: _____

13. Name, address and phone of person with legal right to handle your funeral arrangements:

14. Which Service Providers should be notified when you die: _____

15. Are you donating any part of your body to medical science: _____ yes _____ no

If so, what institution should be notified (list name, address and phone):

16. Name, address and phone of your attorney: _____

17. Name, address and phone of your accountant: _____

18. Name, address and phone of stockbroker or financial planner: _____

19. Other professional having knowledge of your financial affairs: _____

20. Location of computer passwords to financial information:

21. Who insures the house and car: _____

22. Do you have a Disability Parking permit (Handicap Sticker)? _____ yes _____ no Where is it located: _____ Do you have a Handicap License Plate? _____ yes _____ no

23. Location of Will: original _____ copy _____
Executor: _____
Successor Executor: _____
Location of Memorandum on Tangible Personal Property _____

24. Location of safe deposit box and key: _____

25. Location of checkbooks and passbooks: _____

26. Location of stock and bond certificates: _____

27. If you are a veteran, please complete the following:
a. Location of Discharge Papers - DD214 _____
b. Rank or rating: _____
c. Organization or outfit: _____
d. Commendations received: _____

28. Educational background: _____

29. Occupation and past positions of employment (attach an extra sheet, if necessary):

30. Membership in clubs and organizations: (Check groups to be notified): _____

31. Honors and Awards received: _____

32. Checking and Savings Accounts, Credit Union, Banks and account numbers:

33. Stock and Mutual Fund Accounts, including account numbers:

34. Pensions, Annuities and IRA's - Address/person to contact, and Account Number:

35. Life Insurance policies and their policy numbers and locations:

36. Health Care Providers:

Primary: _____

Supplemental Health Insurance Carrier: _____

Medicare: _____

37. Location/address of all real estate owned:

38. Credit cards including account numbers: _____

39. FUNERAL ARRANGEMENTS AND RELATED INFORMATION:

* If you have a cemetery plot, where is it and what is the lot number and location of grave on plot: _____

* Location of Cemetery Deed: _____

* If you do not wish to use presently owned cemetery plot (or do not have one), where do you wish to be buried: _____

* What inscription do you wish on your grave marker: _____

* Instructions concerning selection of casket and vault: _____

* Do you wish to have "calling hours" at funeral home: ____yes ____no
If so, do you wish the casket to be opened or closed: _____

* List anything special you wish to wear or have buried with you: _____

* Is the service, if you wish one, to be a Memorial Service: _____

Funeral Service: _____ Public: _____ Private: _____

Place of service: Church _____

Funeral Home _____

Other _____

* Special requests for the service: hymns, other music, readings, scripture readings, speaker:

* Kinds and colors of flowers: _____

* Name, address and phone of persons you would like to have as pallbearers:

40. SPECIFIC OBITUARY INFORMATION:

* Do you wish flowers to be sent: _____ yes _____ no

* Do you wish donations made in your memory: _____ yes _____ no

a. To what charity: _____

b. Address _____

* Anything special you wish to have placed (or not placed) in your obituary:

* Newspapers in which your obituary is to be placed:

41. Any additional information or other personal desires which you would like your family,

relatives, or friends to know: _____

