Final Wishes Planner
A listing of your personal wishes and records

Final Wishes Planner For:

________________________________

Date Completed:

Dear Friend,

This Final Wishes Planner is a gift to you and your family from Physicians Life Insurance Company. It’s a convenient tool that will help you record all your final wishes and ensure your loved ones know what they are when they’re needed.

By taking the time to record this important information, you can help lift the many responsibilities of making final decisions from the ones you love.

If you have life insurance, please be sure to let your beneficiary(ies) know. Completing this guide is a great way to put all your notes in one place.

Once you have the planner completed, simply give it to someone you trust or keep it with your other important documents, so it can be there when your loved ones need it.

Sincerely,

Mark Nelson
Vice President
**Personal Information**

This information will be important for your family. It can help them get started and provide the details they'll need along the way.

- **Name (legal)**
- **(maiden)**
- **Address**
- **City**
- **State**
- **ZIP**
- **Date of Birth**
- **State & County of Birth**
- **Social Security Number (or where it can be found)**
- **Education/Degree**
- **Occupation**
- **Mother’s Full Maiden Name**
- **Father’s Full Name**
- **Person Who Will Handle My Affairs/Beneficiary**
- **Attorney**

**Completed By:** ________________________________

**Date:** ________________________________

---

**Final Arrangements**

Are your services pre-planned?  
- Yes  
- No

If yes, contact:

- **Name**
- **( )**
- **Phone Number**

My pre-planning documents are located:

- __________________________________________
- __________________________________________

If your service isn’t pre-planned, please complete the following:

- **My funeral home preference:**
  - __________________________________________
  - __________________________________________

I wish to be:  
- buried  
- cremated

Burial wishes: (e.g., cemetery, location, ashes)

- __________________________________________
- __________________________________________
- __________________________________________

I have purchased a plot:  
- Yes  
- No

My plot location:

- __________________________________________
- __________________________________________
- __________________________________________
### Memorial Service Request

<table>
<thead>
<tr>
<th>My place of worship:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Church, Synagogue, House of Worship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Religious Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address/Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Memorials should go to: (e.g., Humane Society, Red Cross, Cancer Society)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My ceremony preferences: (e.g., no ceremony, graveside ceremony, open/closed casket, wake, funeral mass, memorial service, rosary)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obituary information: (e.g., degrees, honors)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special requests or prayers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special quotes or poems I like:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

---

### Things I Would Like at the Service:

<table>
<thead>
<tr>
<th>My favorite flowers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Songs or music I like:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My favorite readings, psalms or verses:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special requests or prayers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special quotes or poems I like:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

---
Memorial card:  Yes  No
Would you like military honors?  Yes  No

_______________________________________
_______________________________________

Other special notes or requests: (e.g., jewelry, clothing, personal items to be buried with)

_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________

Other People to Be Notified
What people or organizations do you want notified if something happens to you? (e.g., friends, doctor, clubs)

Name/Relationship
__________

Phone Number
__________

Name/Relationship
__________

Phone Number
__________

Name/Relationship
__________

Phone Number
__________

Name/Relationship
__________

Phone Number
__________

My address book/contact list is located:

_______________________________________

People I would like as pallbearers:

_______________________________________

_______________________________________

_______________________________________

_______________________________________

_______________________________________

_______________________________________

_______________________________________

_______________________________________
Family Notes: (e.g., siblings in order of birth, preceded in death by, special mentions)

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

My beloved pets and who I wish to care for them:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Location of Important Papers

I have a will or trust:  □ Yes  □ No
It is located:

_____________________________________________________________________

The combination for my safe is known by:

_____________________________________________________________________

Keys for my lockbox are located:

_____________________________________________________________________

I have a life insurance policy(ies) and the papers are located:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

My beneficiary(ies) are:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

My birth certificate, marriage certificate, divorce documents, military discharge papers, tax returns and other important documents are located:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
I have a mortgage or deed to my home:  
☐ Yes  ☐ No  Lender:  
_______________________________________

I have an auto registration/title:  ☐ Yes  ☐ No  
_______________________________________

I have retirement account records:  
☐ Yes  ☐ No  
_______________________________________

I have checking or savings accounts:  
☐ Yes  ☐ No  Where? (facility names)  
_______________________________________

Place where I keep my current bills:  
_______________________________________

Passwords for my online accounts, computers and phones are located:  
_______________________________________

Place where I keep bank statements, deeds, or other important financial records:  
_______________________________________