



# Final Wishes Planner

A listing of your personal wishes and records

Final Wishes Planner For:

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Date Completed:

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**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

My place of worship:

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Name of Church, Synagogue, House of Worship

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Religious Contact

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Address/Phone Number

Memorials should go to: (e.g., Humane Society, Red Cross, Cancer Society)

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My ceremony preferences: (e.g., no ceremony, graveside ceremony, open/closed casket, wake, funeral mass, memorial service, rosary)

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Obituary information: (e.g., degrees, honors)

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## Things I Would Like at the Service:

My favorite flowers:

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Songs or music I like:

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My favorite readings, psalms or verses:

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Special requests or prayers:

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Special quotes or poems I like:

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I have a mortgage or deed to my home:

Yes  No Lender:

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I have an auto registration/title:  Yes  No

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I have retirement account records:

Yes  No

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I have checking or savings accounts:

Yes  No Where? (facility names)

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Place where I keep my current bills:

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

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

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