

FINAL EXPENSE PLAN



Plan arranged for: _____

Plan Options

\$ _____

\$ _____

\$ _____

It's a question of being prepared.

Attention: Funeral Director

Freedom of Choice

Pre-Arrangement Not Required

Final Expense Plan

Choice of Funeral Home

Name of Insured: _____

Signature of Insured: _____

Memorial Guide

To My Loved Ones: It is my wish to spare you worry, anxiety, and expense in the event of my passing. Through this Final Expense Plan, I have been able to suggest many arrangements in advance of need. Here are the detailed suggestions to guide you in making the final arrangements, together with vital information that will be required to complete the necessary legal records. I respectfully request that these suggestions be considered as closely as possible in completing my final arrangements.

Vital Statistics about me:

Full name _____ SS# _____ City, State of Birth _____

Date of Birth _____ Marital Status _____ Name of Spouse _____

Occupation _____ Employer _____

Military Record:

Branch of Service _____ Rank _____ Serial Number _____

Enlisted Year _____ Discharged Year _____

Funeral Service Requests:

Name of Mortuary _____ City, State _____

Place of Service: Church _____ Mortuary _____ Graveside _____ Church Denomination _____

Name, Location _____

Clergyman _____

Pall Bearers _____

Special Requests _____

Interment Requests:

I prefer: Burial _____ Cremation _____ Graveside _____

Name of Cemetary _____ City, State _____

I have _____ Have not _____ reserved facilities I have _____ Have not _____ made a last will and testament

It is located at: _____

Address: _____ City, State _____

Signed: _____ Date _____

Approximate allowances for funds to be applied toward the payment of funeral expenses to be provided by:

Funeral Plan Allowance: _____

Veteran's Burial Allowance: _____

Other Allowances: _____