FINAL EXPENSE PLAN



Plan arranged for:	
i iuii uiiuii5ca ioi.	

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: _____

Assignment of Proceeds

To: Insurer _____

I,	, being entitled to receive benefits unde	er
(beneficiary) policy number	issued by(insurance company)	_on
	(insurance company), now deceased and having contracted	
and being indebted to	neral Home, City, State, Zip	
for funeral services and merch	ndise for the deceased in the amount of:	
Written amount	Dollars (\$)	
	ransfer unto said Funeral Director the sum of:	
	Dollars (\$).	
-	cance policy, I hereby authorize and direct	
(insurance company)	to make its check payable to said Funeral Dire	ector
	the remainder of the proceeds of said Insuranc	
Policy, if any, to me. A statem	nt of Funeral charges for Funeral expense for	
the deceased is attached hereto		
Beneficiary	Witness	
Address	Address	
Date	Date	

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 Enlisted Year	Rank_ Discharged Y	Serial Numberear		
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 haveHave not	reserved facilities	I haveHave notmade a last will and testament		
It is located at:				
Address:		City, State		
Signed:		Date		
Approximate allowances f	for funds to be applied	toward the payment of funeral expenses to be provided by:		
Funeral Plan Allowance: _				
Veteran's Burial Allowanc	e:			
Other Allowances:				