



Please accept this complimentary guide on behalf of Christian Fidelity Life Insurance Company

📍 2721 N. Central Ave, Phoenix, AZ 85004

☎ 800-308-2318

🌐 christianfidelity.com



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For the latest rating, access www.ambest.com

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Memorial *Planning Guide*

More Memorial Instructions

Clothing: Use from Current Wardrobe?

Yes No

Jewelry to Be Worn:

Jewelry Disposition:

Leave on Remove and give to

Eyeglasses, if any:

Leave on Remove and give to

Preference of Musical Selections:

Soloist:

Yes No

Preferred Selections

Preferred Bible Passage or Prayer:

Preference of Flowers (Type & Color):

Disposition of Flowers:

Rest Homes Hospital Church

Donations in lieu of flowers:

I suggest the following as Pallbearers:

Other Special Instructions:

List of 50 Usual "First Things First"



On the day a loved one dies, there are so many demands on the survivors. By pre-planning the final arrangements, the burden of these decisions can be eased. On this very difficult day, these are the usual **"First Things First"** that must be completed.

Notify these people:

- | | | |
|---------------------------|-----------------------------|------------------------------------|
| 1. Physician or Coroner | 5. All Relatives | 9. Pallbearers |
| 2. Funeral Director | 6. All Friends | 10. Insurance Agents |
| 3. Cemetery/Memorial Park | 7. Employers | 11. Unions/Fraternal Organizations |
| 4. Minister & Church | 8. Organist & Choir/Soloist | 12. Newspaper |

Select these items:

- | | | |
|----------------------|-----------------------------------|--------------------|
| 13. Memorial Space | 18. Flowers | 21. Time |
| 14. Casket | 19. Food for Memorial Luncheon | 22. Place |
| 15. Vault/Outer Case | 20. Seating for Memorial Luncheon | 23. Transportation |
| 16. Clothing | | 24. Card of Thanks |
| 17. Blanket/Robe | | 25. Music |

In addition you may be asked to:

- | | | |
|--|---|---|
| 26. Provide vital statistics about the deceased | 29. Answer sympathetic phone calls & messages | 32. Planning funeral car list |
| 27. Prepare & sign necessary papers | 30. Meet & talk with family & friends about the details | 33. Cleaning home prior to sympathy calls |
| 28. Provide addresses for parties who must be notified | 31. Provide lodging for out-of-town guests | 34. Greet relatives & friends who visit your home |

And you must pay some or all of the following:

- | | | |
|----------------------|-----------------------|----------------------------|
| 35. Physician | 41. Interment Service | 47. Phone Bill |
| 36. Nurse | 42. Minister | 48. Food |
| 37. Hospital | 43. Organist | 49. Memorials |
| 38. Medicine & Drugs | 44. Florist | 50. Family Memorial Estate |
| 39. Funeral | 45. Clothing | |
| 40. Cemetery Lot | 46. Transportation | |

Social Security and *Veteran's Benefits & Claims*

Prior to making a claim for Social Security or Veteran's Benefits, locate the following documents:

1. Certified Copies of Death Certificate
2. Certified Copies of Marriage License or Termination of Marriage Decree
3. Children's Birth Certificates
4. Deceased's & Survivor's Social Security Numbers
5. Proof of Widow(er)'s Age 62 or Older
6. W-2 or Schedule C Earnings Record from Preceding Year

Social Security Benefits

The nearest Social Security Office is in (City & State)
 Social Security may pay a small lump sum death benefit to assist with final expenses. The actual amount payable is determined by past earnings. A three month processing period is not unusual before Social Security Benefits actually begin. Your Christian Fidelity agent can be helpful in coordinating your life insurance needs with any Social Security Benefits to which your survivors may be entitled.

Veteran's Benefits

 The nearest Veteran's Administration Office is located in (City & State)
 Veterans who, at the time of death, were entitled to a pension or compensation, died while hospitalized or living in a VA facility or other facility at VA expense, who were discharged or retired from service due to a disability incurred or aggravated in the line of duty, or who are indigent with no claim for their remains, may be entitled to payments for a burial plot and interment, funeral and burial, a burial flag, and/or a headstone or grave marker supplied by the VA.



My Personal Memorial Instructions

| | | |
|--|--|--|
| | | |
| Religious Affiliation | | |
| | | |
| Where Memorial Service is to be held Address/City/State/Zip | | |
| | | |
| Name | Address/City/State/Zip/Area Code & Phone # | |
| | | |
| Name of Participating Fraternal or Military Organization, if any | | |
| | | |
| Name of Funeral Home/Director | Place of Interment | |
| | | |
| I Prefer: | <input type="checkbox"/> Vault | <input type="checkbox"/> Open Casket |
| | <input type="checkbox"/> Ground Burial | <input type="checkbox"/> Closed Casket |
| | <input type="checkbox"/> Underground Vault | <input type="checkbox"/> Mausoleum |
| | <input type="checkbox"/> Cremation | <input type="checkbox"/> Embalming |
| | | |
| Desired casket: Metal/Wood/Fiberglass | | Exterior/Interior Colors |
| | | |
| Description of Cemetery Property to Be Used: | | |
| | | |
| | | |
| Crypt or Space No. | Tier or Lot No. | Mausoleum or Lawn |
| | | |
| Vault | | Flower Container |
| | | |
| Memorial Marker | Bronze/Granite/Other | Inscription/Emblem |

People to Notify

Name

Address

Relationship Phone #

Name

Address

Relationship Phone #

Name

Address

Relationship Phone #

Please Also Contact These Key People Immediately

| | | |
|-----------------------|---------|---------|
| <input type="text"/> | | |
| Funeral Director/Home | Address | Phone # |
| <input type="text"/> | | |
| Attorney | Address | Phone # |
| <input type="text"/> | | |
| Accountant | Address | Phone # |
| <input type="text"/> | | |
| Family Physician | Address | Phone # |

Important Documents

Location of the Following Documents

- Last Will and Testament
- Birth Certificate
- Military Discharge
- Marriage Certificate
- Children's Birth Certificates
- Deeds and Titles
- Mortgages and Notes
- Income Tax Records
- Trust Documents
- Safety Deposit Box and Keys

Policy Information

Life Insurance Company and Policy No.

Life Insurance Company and Policy No.

Annuity Contract Company and Contract No.

Medical/Hospital Insurance Company and Policy No.

Disability Insurance Company and Policy No.

Long Term Care Insurance Company and Policy No.

Automobile Insurance Company and Policy No.

Homeowners Insurance Company and Policy No.

About My Family And Me

| | | | | | | | | | | |
|--|--|--|---------------------------|--|--------|--------------------------------|-----------------------|--|--------------|--|
| First Name | | | Middle Name | | | Last Name | | | | |
| Street Address | | | City | | County | State | Zip Code | | Phone Number | |
| Birth Place | | | City/County/State/Country | | | | Birth Date: Mo/Day/Yr | | | |
| Social Security Number | | | | Usual Occupation or from which Retired | | | | | | |
| Most Recent Employer | | | | | | | | | | |
| Father's Name | | | Birth Date: Mo/Day/Yr | | | Birth Place: City/County/State | | | | |
| Mother's Maiden Name | | | Birth Date: Mo/Day/Yr | | | Birth Place: City/County/State | | | | |
| Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) | | | | | | | | | | |
| Spouse's Name (include Maiden Name) | | | | | | Birth Date: Mo/Day/Yr | | | | |
| Spouse's Birth Place: City | | | County | | | State | | | | |
| Date & Location of Marriage | | | | | | | | | | |

More About My Family



If a Veteran, complete this section

| | | |
|-------------------------|-----------------|------------------------------|
| Time of Service | | |
| Service Branch | | |
| Military Service Number | | Rank |
| Date Enlisted | Date Discharged | Location of Discharge Papers |

Children

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|--|
| |
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Grandchildren

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Any additional Information

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