

My funeral Planner

matthew@matthewlaker.com



First Name:

Last Name:

Date of Birth:

Email:

Phone Number:

SIN Number:

Address:

I have made funeral arrangements with the following funeral home

Business Name:

Phone:

Contact Name:

This is not a legal document but guide to help you plan

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My arrangements should be made by:

- Spouse
- Parents
- Sibling(s)
- Children : _____

My Ceremony Preference (if applicable)

Funeral ceremony at place of worship (Specify)

Funeral ceremony at funeral home (Specify)

Memorial ceremony at (Specify)

Graveside ceremony only

other

How I would like my remains handled

Ground burial at _____

I have purchased a plot at:

Mausoleum Crypt

Cremation, with cremated remains

interred in mausoleum

interred in burial plot

Scattered (where):

Other:

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My visitation and view preferences

At place of worship

At the funeral home

Viewing only at the funeral home prior to ceremony

Open Casket

Noviewing and closed casket

other

My Special affiliation for my Cermony should include:

Military ceremony

Other ceremony

My marker or headstone preferences

Type of marker or headstone desired

Inscription desired

Preferred provider

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Some things I would like to have shared at the ceremony:

Key Contacts – Give your family access to your key contacts

Executor/Administrator

Name: _____ Phone number: _____

Lawyer

Name: _____ Phone number: _____

Accountant

Name: _____ Phone number: _____

Financial Advisor

Name: _____ Phone number: _____

Insurance Advisor

Name: _____ Phone number: _____

Employer

Name: _____ Phone number: _____

Physician

Name: _____ Phone number: _____

Bank

Name: _____ Phone number: _____

Address:

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Key Document Location

Will

Birth Certificate

Citizenship Certificate

Insurance Policies

Bank Accounts

Marriage Certificate

Divorce Papers:

Trust Documents

Property Deeds

Vehicle title

Passport

Safe Deposit Box Key

Other:

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