

Circumstances permitting, I wish my Burial Service to take place at _____

Address _____ City _____

Celebrant _____

Suggested Pallbearers _____

If possible, I would like the following Psalms, Readings or Poems _____

I would especially like the following Music Selections _____

I prefer to be

- Buried
 Cremated Before the funeral After the funeral
 Disposal of Ashes _____

Location of cemetery lot deed, crypt deed, columbarium contract _____

Funeral Home to used _____

Coffin Specifications Least Expensive Mid-Range Elaborate

I do/do not wish to have my coffin open at the funeral home

Other information for my survivors

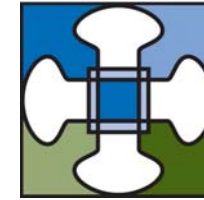
Signature _____ *Date* _____

This guide was prepared by the Colorado Episcopal Foundation as a service to the people of the Diocese of Colorado to encourage thoughtful estate planning and funeral preparation. For additional copies or for information on how to remember your parish, mission or the Diocese in your Will, contact the:

Colorado Episcopal Foundation

1300 Washington Street ▪ Denver, CO 80203

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**INSTRUCTIONS FOR MY
FAMILY AND FRIENDS**

Final Directions and Instructions upon my death

Name _____ Date _____

File this information where it will be found easily upon your death. It is suggested that you notify your personal representative and heirs that this form has been completed for their information.

Full Name _____

Address/City/State/Zip _____

Birth Date _____

Place of Birth _____

Baptism Date/Place _____

Father's Full Name _____ Birthplace _____ Living? Yes No

Address and Phone Number _____

Mother's Full Name _____ Birthplace _____ Living? Yes No

Address and Phone Number _____

Occupation _____

Employer _____

Social Security Number _____

Last Will Executed Date _____ Location _____

Personal Representative's Name and Address _____

Spouse's Full Name _____

Address _____

Birth Date _____

Place of Birth _____

Baptism Date/Place _____

Armed Forces Information

Date of Service _____ Branch _____

Serial Number _____ Discharge Certificate Located at _____

Names, Address and Phone Numbers of Living Children

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Names, Address and Phone Number of Living Brothers and/or Sisters

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Names, Address and Phone Numbers of Person to notify upon my death

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Lawyer's Name and Address and Phone _____

Bank Account Information/Other Investment Accounts

	Name of Institution	Type	Account Number
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____

Investment Counselor or Banker's Name and Address

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Safe Deposit Box Number and Location _____

Location of Safe Deposit Box Key _____

Summary of Contents of Safe Deposit Box _____

Life Insurance Information

Insurance Agent's Name and Address _____

Policies

Company	Type	Amount	Certificate No.	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Insurance policies are located at _____

Credit Cards and Charge Accounts

Mortgages and Other Debts

Company	Account Number
_____	_____
_____	_____
_____	_____
_____	_____