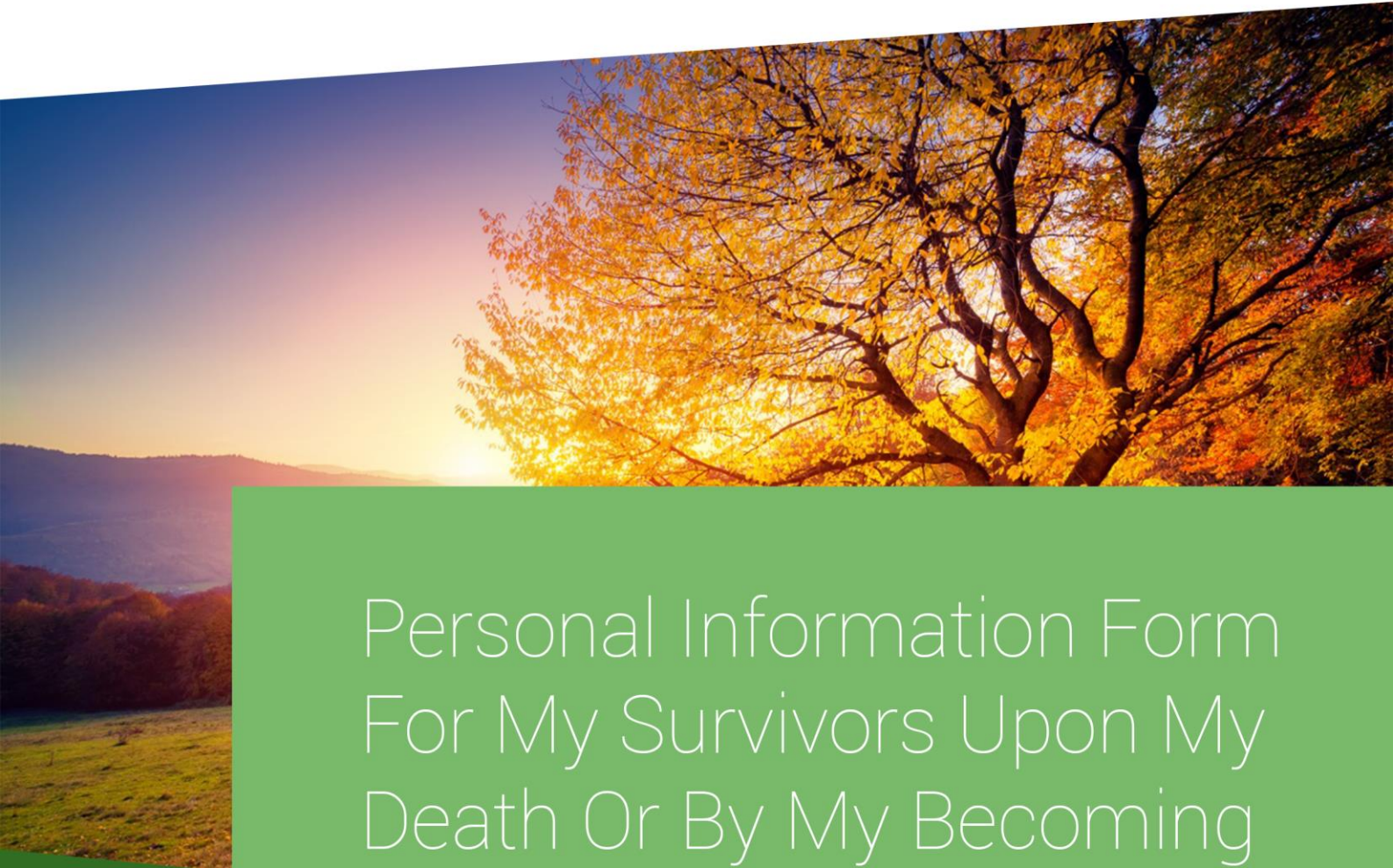




Low Cost Funerals Exeter

choice without compromise

In partnership with Shoobridge Funeral Services



Personal Information Form For My Survivors Upon My Death Or By My Becoming Otherwise Incapacitated



183 Pinhoe Road,
Exeter, Devon, EX4 7HZ
www.lowcostfuneralsexeter.co.uk

Exeter ☎ 01392 249 540
Mobile ☎ 07703 183010
paul@shoobridgefunerals.co.uk



PERSONAL INFORMATION FOR MY SURVIVORS UPON MY DEATH OR
BY MY BECOMING OTHERWISE INCAPACITATED

Name: _____ Today's Date: _____

Alias/AKA: _____ Nat.Ins.No.: _____

Current Marital Status: _____ P.O.A. In place? Yes No

N.B. This current form supersedes all previous forms, information and choices.

Signed: _____ Print: _____

In case of emergency, these people must be notified: (attach additional sheets as required)

Next-of Kin

Name: _____ Relationship: _____

Address: _____

Home phone: _____ work phone: _____

Other

Name: _____ Relationship: _____

Address: _____

Home phone: _____ work phone: _____

Important business and/or personal contacts

My employer (if applicable): _____

Address: _____ Phone: _____

Spouse's Employer (if applicable): _____

Address: _____ Phone: _____

G.P. Doctor: _____ Phone: _____

Surgery/Medical Practice: _____ Phone: _____

Address: _____

National Health No.: _____

Urgent Conditions: _____ Action Necessary: _____

Clergyman: _____ Phone: _____

Solicitor/Lawyer: _____ Phone: _____

Dentist/Practice: _____ Phone: _____

Accountant: _____ Phone: _____

Life Insurance Agent: _____

Insurance Company: _____ Phone: _____

Banker: _____

Bank name (branch): _____ Phone: _____

Broker: _____ Phone: _____

Personal documents & information:

I was born on: _____

My birth certificate is located at: _____

I was born in: _____

I was married in: _____ On: _____

To: _____ Maiden Name: _____

Number of children from this marriage: _____

I was divorced on: _____ Location: _____

(Repeat as necessary for additional marriages on separate paper)

Marriage certificate(s) are located
at: _____

Divorce decree(s) are located at:

Children's birth certificate(s) are located at:

Children's adoption papers are located at:

Children's names/Date of Birth/Residence/Contact Phone Nos.

(Add additional pages if needed)

I served in the armed forces: _____ Branch: _____ Service No.: _____

Enlisted or drafted on: _____ at: _____

Discharge date: _____ Discharge papers located at: _____

Husband's relatives and addresses: (if deceased, indicate after their name)

1. Mother:

2. Father:

3.

4.

(Add additional pages if needed)

Wife's relatives and addresses: (if deceased, indicate after their name)

1. Mother:

2. Father:

3.

4.

(Add additional pages if needed)

Grandchildren:

Names/Dates of Birth/Parents

(Add additional pages if needed)

Pension benefits

The following benefits are provided by my pension:

1. _____ 2. _____

Other

Necessary contacts regarding my pension:

Pension Company: _____ Phone: _____

Bank accounts and investments:

Cheque Acct. #: _____ Bank: _____

Cheque Acct. #: _____ Bank: _____

Savings Acct. #: _____ Bank: _____

Savings Acct #: _____ Bank: _____

Business Acct. #: _____ Bank: _____

Business Acct. #: _____ Bank: _____

Safe deposit box #: _____ Bank: _____

Safe deposit box is accessible to: _____ Key is kept at: _____

Investment/stock portfolio is located at:

Financial Adviser Details: _____ Phone: _____

Bond portfolio is located at:

Investment file/s located at:

Pension file/s located at:

Credit Cards

I have credit cards with the following companies:

Name: Card (Acct.) Number: Location of statements: Credit Limits:

Loyalty or Store Cards

I have loyalty cards with the following companies:

Name: Card (Acct.) Number: Location of statements:

Tax return:

Copies of my income tax returns are located at:

Living Will

I have executed a living will: Yes: _____ No: _____

An "Original" signed copy of my living will is located at:

Additional copies of my living will are on file with my:

G.P.: _____ Solicitor _____

Children: _____ Other: _____

DNR Order

I have a DNR in place: Yes: _____ No: _____

An "Original" signed copy of my DNR is located at: _____

A copy of my DNR is on file with my:

G.P./Surgery: _____ Solicitor _____

Next of Kin: _____ Other: _____

Executor: _____ Children: _____

Will

I have a will: Yes: _____ No: _____ My will is located at: _____

The Solicitor who handled my will is:

At the law firm of: _____ Phone: _____

My last will is dated:

The Executor/s is/are: _____ Phone/s: _____

Organ Donation

_____ I do not want any of my organs donated

_____ I would like to have organs donated for transplant

_____ I would like to donate the following organs for transplant/research:

_____ I have made arrangements with _____ regarding donating my following organs for transplant/research. Further details can be found here:

I specifically do not wish the following (my) organs to be donated:

My Organ Donor Registration number is: _____

Whole Body Donation

I would like to donate my body for scientific and/or, medical research:

_____ I have made arrangements with _____ regarding donating my body for research. Further details can be found here:

I understand that neither I, nor my family or executors will have any control over my final funeral/disposal arrangements. I also understand that the timing of this event is also beyond their control and accept those terms in full. Signed: _____

Dated: _____

Funeral Details

Church Attended: _____ Church Service Desired: _____

Religious Affiliation/Denomination _____

Clergyman: _____ Phone: _____

Church Service followed by Cremation: _____

Crematorium for Committal: _____

Funeral Director to be used: **SHOBRIDGE FUNERAL SERVICES**

HONITON/EXETER/EXMOUTH (delete as appropriate)

Contact: Terry/Penny/Paul Shoobridge Phone: **01404 41424/01392 279927/01395 515174**

Pre-paid Funeral Plan? Yes: _____ No: _____ Company: _____

Local Representative and Contract Number:

Pre-paid Funeral Plan Location (Home/Safe Deposit Box/Solicitors/NoK/Executor)

Funeral Preference where no Pre paid plan exists or can be found: (Executor's final [legal] decision):

Internment: _____ Green Funeral: _____ Cremation: _____

My choice of cemetery is:

I have a pre-purchased plot: Yes: ___ No: ___ If yes the lot is in the name of:

_____ Location: _____

Section: _____ Lot: _____

Block: _____

Location of deed for lot:

If internment is in another city, give information of the 'receiving' funeral director:

Name: _____ Phone: _____

Address:

Family Pallbearers: _____

Cremation

If cremated, what do you wish done with your ashes?:

Obituary Notice Placement

Obituary: Yes: _____ No: _____ Location/Newspaper: _____

Please list the following in my obituary:

Additional Pensions/Benefits/Entitlements

I am entitled to Military/Veterans benefits: Yes: _____ No: _____

Details and location of entitlements:

I am entitled to Military honors: Yes: _____ No: _____

I would like a "Lodge" (Freemason's) Service: Yes: _____ No: _____

By: _____

I would like the following items placed on my coffin:

I would like the following items placed in my coffin if permitted:

I do not wish **any** of the following to take place, be allowed or include in my funeral arrangements:

My preference is that my body is not subjected to a voluntary post mortem:

Yes: _____ No: _____ Indifferent: _____ N/A: _____

My preference is that my body is not subjected to embalming - unless necessary:

Yes: _____ No: _____ Indifferent: _____ N/A: _____

At my funeral service

Floral Tributes: Yes: _____ No: _____

Disposal of flowers: _____

Donation in Lieu of flowers to:

Musical selections:

Special requests for service:

Other Considerations:

Other information you may need to include:

- Information regarding your personal business ventures
- Information regarding your real estate, such as: properties owned or rented, mortgages held and locations of, homeowners insurance, taxes, titles or deeds, payment records
- Information regarding vehicles, boats, Recreational Vehicles etc. - such as insurance, titles, registration, payments, liens, loans, finance, creditors
- Information regarding any life insurance policies, such as the location of the policies, your insurance agent, address and their phone numbers

N.B. This list has been created in an effort to save your survivors as much heartache as possible immediately following your death or the death of a loved one. This is, however, only a guide and there may be additional information not listed that would be applicable to you and therefore should be included in your personal record.

Planning and preparation will not save your family or friends serious heartache. Taking responsibility for your own destiny as far as is foreseeably possible, will go a long way to reducing the level of undue stress regarding your future 'final journey.'

If you wish to keep this information confidential (unknown to your family), prudence would dictate that you make them aware of its existence and location – finding your wishes after your funeral would defeat part of the usefulness of this document.

A joint meeting where you sit down, take time with your spouse and family and complete this personal information would be ideal. We, as funeral directors, will advise and assist you in completing this document. We would welcome a personal visit at your home or at one of our offices, by appointment.

Preparation of this document might save your survivors many hours of searching for legal and financial papers at a difficult time in the future.