

CATHOLIC ESTATE  
AND  
PERSONAL PLANNING  
WORKBOOK

Name: \_\_\_\_\_

*Catholic Estate and Personal Planning Services*

# A PRAYER FOR GUIDANCE AS YOU PLAN

*Lord God,*

*I thank you for all that I received from You during my life.  
Many blessings,  
both spiritual and material,  
have filled my life.*

*Please guide me in this planning process  
so that I might be a good steward.  
May I be filled with your wisdom  
in dealing with these important matters  
for myself and my family.*

*Give me peace and strength  
to help me complete my planning.  
I ask this through Jesus Christ,  
our Lord.*

*Amen*

## Editor's Note

The purpose of this workbook is to guide you in your personal and estate planning. It does not work as a legally binding document, but serves to complement legal documents that should be prepared by an attorney.

## An Important Message

This workbook has been copyrighted. Reproduction of any pages in any form is a violation of copyright laws.

# STEWARDSHIP

As Catholic people, we recognize that our lives are gifts from God. The blessings we receive are a result of God's grace and goodness. Our Lord entrusts us to be good stewards of His manifold gifts. We are called to conduct lives that honor Him and bear witness to our faith in Jesus Christ.

In the area of stewardship, your life should provide an example to others in the way you live your faith, the way you manage your possessions and the way you plan your estate and personal affairs. You have spent a lifetime acquiring your assets and living your faith. This book will allow you to put all of your important information in one place. It enables you to document your intentions. Completing this workbook will give you great peace now and your family peace later.

“THE MIND OF A MAN PLANS HIS WAY,  
BUT THE LORD DIRECTS HIS STEPS.”

*PROVERBS 16:9*

This workbook was created to solve a problem that occurs in many families. Estate and personal affairs planning are often incomplete when a person dies or is disabled. In purchasing this workbook you have made a wise investment for your family. We urge you to complete this workbook in a timely manner.

Please mark today's date:

\_\_\_\_\_

Please mark two months  
from today:

\_\_\_\_\_

You have now established a goal to complete this workbook in the next two months. Please proceed with your planning.

# OVERVIEW AND INSTRUCTIONS

This workbook is designed to help you communicate your instructions or desires if you are disabled or upon your death. Accurate and up to date information will be most helpful to your family. Please update this book as appropriate. Each section listed here relates to one or more pages that you should complete.

pg. 5      Personal Advisors Information

This page will provide a summary of important information about your personal advisors in case you are disabled or in the event of your death.

pg. 6      Long Term Care Concerns

This page is designed to summarize your thoughts and record information. If you have insurance, or prefer to live on your own or in a specific assisted living residence, please complete the appropriate sections.

In most situations a person does not know what medical condition may lead to the need for long term care or the level of care required. It is highly recommended that you discuss your instructions and concerns with your family while you are in good health. The documentation they find here will guide them further.

pg. 7      Location of Records, Documents, Important Concerns

It is recommended that you have one location where you keep the majority of your records and documents. This location could be a drawer in a file cabinet. You should seek to keep as much information as possible together.

- A fire proof box which can be purchased for under \$40.<sup>00</sup> may be best for your Living Will, Power of Attorney, Birth Certificates, Deeds, Titles, and Insurance Policies.
- A filing cabinet is best for current information about insurance policies, bank/investment accounts and income tax records.
- Organization is the first important item.
- The second is telling your survivors the location of your records.
- Please keep in mind that there are several items that should not go in a safe deposit box.
- Your Durable Power of Attorney, A Living Will and this workbook should be readily available.

pg. 8      A Teaching on Stewardship

This page offers a reflection on stewardship and our response to God based on our appreciation for all of the blessings that we have received.

pg. 9      The Mission of the Church

The ministries and programs of our parishes and diocese help carry out the mission of Jesus Christ and our help is needed to further His kingdom here on earth.

pg. 10     Will Worksheet

A Will is a legal document that explains how your estate should be distributed when you die. Everyone needs a Will. This workbook works in conjunction with your Will.

- You should work with an attorney to complete your Will. A Will written without an attorney can be valid, but it often may be written incorrectly and not fulfill your intentions.
- Each state has laws that govern how your property should be distributed if you do not have a Will.
- Although some states automatically award property to a surviving spouse, sometimes both spouses die together and a Will is still necessary.
- Changes in your marital status, assets or members of your family are all reasons to change a Will.
- Witnesses who sign your Will should not be named in your Will as beneficiaries.
- Please complete the Will worksheet and take it with you to an attorney.
- A copy of your Will should be kept in your fire proof box and the original in your safe deposit box.
- If the original Will can not be found at the time of your death, then it is assumed to have been destroyed; therefore, please keep it in a safe place.

Guardians, Executor, Power of Attorney and Living Will Worksheet

This worksheet covers four important areas of legal planning. Completing this page will assist your attorney in completing your affairs.

Guardians for your Minor Children (Part of your actual Will)

- It is most appropriate that you name guardians to care for your minor children in the event of your premature death.
- The court system will help make a decision if you fail to do so.
- The court may name individuals you would not have chosen.

Naming an Executor for your Will (Part of your actual Will)

- Your Will allows you the opportunity to name someone to help administer and carry out the intentions of your Will and Estate Plan.
- You should name someone whom you trust and who is competent to carry out your desires.
- An attorney will often work closely with an executor or act as the executor.

Durable Power Of Attorney

A Durable Power of Attorney is a legal document that gives the power to make decisions on your behalf to another person. This person will be legally responsible to act solely on your behalf.

- They may make decisions to sell property, transact financial activities for you or direct medical treatment.
- All adults should have a signed Durable Power of Attorney.
- The absence of a Durable Power of Attorney will lead to legal proceedings before a judge if you become incapacitated.
- The Durable Power of Attorney should be kept with your other important documents in a fire proof box or with your attorney.
- Your bank may also require you to complete specific power of attorney cards at its offices. These cards will be more quickly honored than a normal Durable Power of Attorney.
- Please complete the worksheet and take this information to an attorney for proper preparation of this legal document.

A Living Will or Advance Medical Directive (A.M.D.)

As Catholics, we recognize our lives are gifts from God. We also believe we should never do anything to cause our death. It is recognized that we have a right to make decisions about our health care.

- A Living Will or A.M.D allows you to offer direction concerning your future medical care if a time comes when you are unable to express your own thoughts.
- This advance directive provides guidance and the authority needed to implement your decisions.
- It outlines those instances when your Living Will or A.M.D. should take effect and what health care decisions should be made.
- The Living Will or A.M.D. allows you the opportunity to designate a proxy and a substitute proxy.
- Copies of the Living Will or A.M.D. should be given to your physician, proxy and family members.
- Please complete the worksheet and take this information to an attorney for proper preparation of the Living Will or A.M.D. document if you do not have one.
- Some dioceses or organizations, like the National Catholic Bioethics Center, offer forms or information. See ([www.ncbcenter.org/eol.asp](http://www.ncbcenter.org/eol.asp)) for more information.

Personal Possessions Instructions

Your Will guides distribution of major assets from your estate. This instruction page is designed to guide distribution of personal items such as family keepsakes, specific furnishings, household items or other items not appropriate for your Will.

Catholic Funeral Services Concerns

This page provides you an opportunity to document your thoughts concerning plans for your Catholic funeral. You will be able to list people you would like involved in your service and list readings, songs or other details you desire to be included.

- pg. 15     Funeral/Burial Concerns  
This page will allow you to document your plans for your funeral and burial. This includes your choice for a funeral home, cemetery, casket, memorial marker and other information.
- pg. 16-20   Survivors' Action Items and Concerns  
This page is as much for you as your survivors. It lists seventy-six things to be done after someone has died. It will hopefully encourage you to complete this workbook and make as many pre-arrangements as possible. Some of the decisions required are best made by you instead of your survivors.
- pg. 21     Personal Information, Records, Data  
Much of this information is required for a Death Certificate or an obituary. It will be most helpful to your family to complete as much as possible on this page.
- pg. 22     People to Notify  
You may not need to complete all of the data on this page. Possibly, your family address book or computer lists this information and a copy may be attached to this booklet. If more space is required, please insert a page.
- pg. 23     Family Information  
This information page is not just for contacting people in the event of your death but also for your obituary or information shared at your funeral. In addition, it serves as a record for your survivors concerning your other relatives.
- pg. 24     Life Insurance/Other Benefits  
The location of your important records is entered elsewhere in this workbook. This page is to list your known insurance policies and to make your survivors aware of other benefits.
- pg. 25     Notes/Other Comments  
You may wish to use this space for other instructions or notes.
- pg. 26-27   Obituary/Eulogy Information  
These pages allow you to write down thoughts that could be incorporated into the newspaper or remarks at your funeral. We suggest you include thoughts or remarks concerning your family, your church, your professional accomplishments or other involvements.
- pg. 28     Care of Family Member, Friends or Pets  
Please use this page to provide instructions for the care of older family members, friends or pets that you have helped care for.
- pg. 29-30   Additional Resources  
Additional resources and books.
- pg. 31-32   A Message For Your Pastor  
This page may be removed after you have completed it. You can provide it to your parish so they are aware of your plans for your funeral.
- pg. 33     A Message to My Family and Friends - An Ethical Will  
This section is for you to write a personal message or ethical will for your heirs. In life you sent family and friends many messages inside greeting cards. Your values, thoughts, reflections or gratitude may be shared.

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# PERSONAL ADVISORS INFORMATION

Primary Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Doctor: \_\_\_\_\_

Speciality: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Financial Advisor/Accountant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Attorney: \_\_\_\_\_ Other Advisor: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Special Health Concerns: \_\_\_\_\_

Special Medications: \_\_\_\_\_

Organ Donor Information: \_\_\_\_\_

Location of Organ Donor Information: \_\_\_\_\_

## SACRAMENT OF THE SICK

Please be aware it is my desire to receive the Anointing of the Sick if my health has failed and there is a chance of my death.

(Initial Here)

\_\_\_\_\_

# LONG TERM CARE INSTRUCTIONS

1. I do not have long term care insurance, which would provide financial assistance for my personal care at home or in a nursing home.

\_\_\_\_\_ (Initial Here)

2. I have long term care insurance. The policy is located \_\_\_\_\_  
(Fireproof Box or other location)

3. The policy is with the following insurance company: \_\_\_\_\_  
(name of company)

4. My insurance agent is: \_\_\_\_\_ The office is located in:  
(Name)  
\_\_\_\_\_. I have attached their business card to this page.  
(Name of town)

5. It is my desire to stay in my present living situation as long as possible at:

\_\_\_\_\_  
(Print current address)

If I need assistance in my present living situation, I would prefer to have assisted care professionals help me so that I can stay in my present residence as long as possible. I recognize that my financial situation and ability to care for myself may place limits on this option.

6. If I were no longer able to live at my present residence due to financial and/or medical reasons, I would prefer to live at the following places. I ask they be considered in the following order:

My family member(s) listed below with whom I HAVE DISCUSSED THIS OPTION:

_____ name	_____ name
_____ address	_____ address

The following personal care or assisted living residence(s):

_____ name	_____ name
_____ address	_____ address

I know the following people living there currently:

_____ name	_____ name
------------	------------

I do not know anyone currently living there.  (Place a ✓ here )

While not binding, please make every attempt to honor these, my final requests.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# LOCATION OF RECORDS, DOCUMENTS, IMPORTANT CONCERNS

This page summarizes where your important records, files or other information can be found. **This form should remain in this booklet. Your survivors should know the location of this booklet which should be other than a safe deposit box.**

**In many states a decedent's safe deposit box may not be entered unless an executor or administrator of the estate has been appointed.** A spouse may enter a safe deposit box when listed as Joint Tenants with Right of Survivor (JTWROS). A Bank Manager may enter a safe deposit box to find the will of the deceased under certain circumstances.

Your Name in Full \_\_\_\_\_

Your Social Security Number \_\_\_\_\_

Will \_\_\_\_\_

Durable Power of Attorney \_\_\_\_\_

Living Will \_\_\_\_\_

Military Discharge \_\_\_\_\_

Deed for Cemetery Property \_\_\_\_\_

Deeds and Titles \_\_\_\_\_

Mortgages and Notes \_\_\_\_\_

Health Insurance Policy \_\_\_\_\_

Disability Insurance Policy \_\_\_\_\_

Auto Insurance Policy \_\_\_\_\_

Homeowner's Insurance Policy \_\_\_\_\_

Marriage Certificate \_\_\_\_\_

Family Birth Certificates \_\_\_\_\_

Income Tax Records \_\_\_\_\_

Investment/Bank Account Info \_\_\_\_\_

Valuables and Other Assets \_\_\_\_\_

Safe Deposit Box \_\_\_\_\_

Safe Deposit Box Number \_\_\_\_\_

Location of Safe Deposit Box Key(s) \_\_\_\_\_

Loans and Other Liabilities \_\_\_\_\_

# A TEACHING ON STEWARDSHIP

The example of responsible stewardship was initially given by our Lord in the gospel of Matthew. Christ tells the story of a rich man who goes on a journey and entrusts his possessions to his three stewards. The stewards make use of the talents in various ways. The stewards were either rewarded or admonished for their handling of the talents in the absence of their Lord.

Stewardship means that we are not really owners of what God has given us, but only stewards. We have been given many gifts from our Lord to use for ourselves and to further His mission here on earth. Christ expects us to make proper use of these gifts and uses this story about the stewards just before He teaches the importance of the corporal works of mercy listed below: (Matt 25: 14-46)

*To feed the hungry*

*To give drink to the thirsty*

*To clothe the naked*

*To shelter the homeless*

*To visit the sick*

*To visit the imprisoned*

We have been given the gifts of mind and body to use for God's glory and to bring His love to others. We are called to serve Christ through our time, our talents, and our treasures. As faithful and wise stewards, we must act responsibly with all we have been entrusted and live in readiness for our Lord.

*"Go out to the whole world and preach the gospel to all creation!"* (Mark 16:15)

## Our Response to God: The way we live.

We are called to give witness to Christ. As Christians, we are to lead good lives and show example in our faith and works. Each of us has been given different gifts from God. Our christian Catholic faith demands stewardship. Stewardship, in turn, nurtures our christian Catholic faith. Stewardship is not an option but a mandate of our faith according to Pope John Paul II. Peter tells us:

*"Each one, as a good manager of God's different gifts,  
must use for the good of others  
the special gifts he has received from God"* (1 Peter 4:11).

## Our Response to God: The way we give.

We are called to be responsible with all we have been given. Early Christians brought food and goods to share with fellow believers. Many sold all their possessions and gave the money to the apostles (Acts 2). The financial treasures we acquire result from the talents our Lord has given us. We must act faithfully in our stewardship of the gifts we have received. St. Paul told the Corinthians:

*"Everyone must give according to what he has inwardly decided;  
not sadly or grudgingly,  
for God loves those who give gladly"* (2 Cor. 9:7)

## Our Offertory Gifts Should Be Intentional, Planned, and Proportionate.

A decision should be made to live out our lives with stewardship as the guide to one's lifestyle and budget. Our offertory giving should be based on a percentage of one's income. The ideal is to work toward giving 5% of one's income to the Church. If not currently, then strive to make 2, 3, or 4% of your income a sacrificial gift to the Church. The Bible and Jesus consistently teach that giving should be based on a percentage of one's income.

# THE MISSION OF OUR CHURCH

## Your Parish: Ministry and Buildings

Each parish actively seeks to carry out the mission of Jesus Christ. We worship together, teach others, and care for those in need. Your parish faces ongoing challenges to fund this work. Additional staffing could always be utilized to meet the needs of your community or parishioners. Generous gifts to establish or add to an endowment fund could help fund an important staff member for your church. Maintenance of our buildings, renovations, or new improvements must be funded. Our churches cannot do the work of Christ without the proper facilities.

## Your Diocese: Ministry and Buildings

Your local diocese has the responsibility to assist parishes in their mission. Operational funding provides important funds for teaching future lay and clergy leaders for parishes. Diocesan staff members are constantly involved in programs and ministries to support parish ministries. The diocese must maintain buildings for carrying out its role in the ministry of the Church. Often retreat centers, high schools, chanceries, pastoral centers, and other buildings require funds for maintenance, improvements, or new construction.

## Stewardship of Your Estate

Through the blessings of God received during your lifetime, you have accumulated various worldly goods. As a faithful steward, serious consideration should be given to the distribution of your worldly goods. Not in the least of these considerations should be your Church and its works. This is a way that you can testify to your faith in God and teach your surviving family or friends that our Lord should always be remembered. You are responding in thanksgiving to His many blessings. You also unite yourself with our Church in your quest for grace and eternal salvation.

## Remembering your Parish or Diocese in your Will

There are many ways in which you can support the works of the Church through a bequest made to your parish and/or diocese. If you desire, you may choose to leave a trust fund. The income from the trust is paid directly to your survivors. Upon the death of the last designated survivor, the principal amount of the fund becomes the property of the Church. You may designate a specific amount of money or a percentage of the total value of your estate. Often people give 5% or 10% of their estate to the Church.

## General Purpose Bequests

**TO YOUR PARISH:** When you designate a general purpose bequest to your parish, you enable your pastor to apply the amount or any part of it where it might be needed most.

**TO YOUR DIOCESE:** With a general purpose bequest to your diocese, you enable the bishop to meet future needs of the Church. These may include: educational programs, an endowment fund, youth programs, vocation programs, and works of mercy like Catholic Charities.

## What You Should Do

Pray and reflect on your ability to support the Church through your estate. Work with an attorney to include the Church as a beneficiary of your will or add a codicil (letter) to your will. There may be significant tax savings when making a charitable estate gift. Let your pastor and diocese know of your intentions. They may have memorial recognition programs in which you may wish to be included. Also, and more importantly, they will be able to thank you and may be able to offer advice and counsel in your planning.

## Sample Bequest Wording

I give, devise and bequeath to (insert Parish or Diocese name and address), (insert percentage of estate or specific dollar amount) to be used where the need is greatest or provide designation for bequest.

# WILL WORKSHEET

The instruction pages of this booklet provide important thoughts concerning your Will. This page should be used as a worksheet that can be shared with your attorney who will complete your Will.

<u>Real Estate Holdings</u>	<u>Description</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Purchase Date</u>	<u>Purchase Price</u>	<u>Current Value</u>
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____

<u>Other Assets</u>	<u>Description</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Purchase Date</u>	<u>Purchase Price</u>	<u>Current Value</u>
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____

<u>Stocks/Bonds/Other Investments</u>	<u>Description</u>	<u>Location</u>	<u>Purchase Date</u>	<u>Purchase Price</u>	<u>Current Value</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

<u>Personal Property (autos, jewelry, furniture, other)</u>	<u>Description</u>	<u>Location</u>	<u>Purchase Date</u>	<u>Purchase Price</u>	<u>Current Value</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Total Assets \$ \_\_\_\_\_

# WILL WORKSHEET (CONTINUED).

## Liabilities

Mortgages, Loans, Credit Cards  
Description

Address

Account #

Location of Records

Current Balance

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Total Liabilities \$ \_\_\_\_\_

(Subtract Total Liabilities from Total Assets) Net Worth \$ \_\_\_\_\_

H

## Heirs to Your Estate

Name

Address

Relationship

Age

Percentage of Estate or  
Assets to be Received

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Gifts to be made to Charity (A percentage of your estate might be considered as a gift to your Church)

Name

Address

Percentage of Estate or  
Assets to be Received

1. \_\_\_\_\_
2. \_\_\_\_\_

Please take the Will Worksheet with you to your attorney to expedite the preparation of your Will.

# GUARDIANS, EXECUTOR, POWER OF ATTORNEY, AND LIVING WILL WORKSHEET

Guardians for your Minor Children (Part of your Will)

Please list your choices of people to act on your behalf as Guardian in raising your minor children.

- 1st Choice \_\_\_\_\_
- 2nd Choice \_\_\_\_\_

Executor / Executrix (Part of your Will)

Please list your choices of people to act on your behalf as Executor in carrying out the instructions of your Will.

- 1st Choice \_\_\_\_\_
- 2nd Choice \_\_\_\_\_

Durable Power of Attorney

Please list two people you trust, who may make decisions, act on your behalf and officially be named with your Power of Attorney

- 1st Choice \_\_\_\_\_
- 2nd Choice \_\_\_\_\_

Living Will or Advance Medical Directive (A.M.D.)

Please list two people who you believe possess similar values and an understanding of your faith.

These are people you will feel comfortable giving me the ability to make health care decisions for you if you are not able to do so.

Name

Address

Phone Number

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Please take this Worksheet with you to your attorney to expedite the preparation of your legal documents.

# PERSONAL POSSESSIONS INSTRUCTIONS

I offer the following plan for distributing the personal items that were important to me, are not included in my Will, and which I still own at the time of my death. These instructions should be followed upon my death or permanent disability if my spouse is not surviving.

Personal Possessions / Location of Item

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_
- 13 \_\_\_\_\_
- 14 \_\_\_\_\_
- 15 \_\_\_\_\_
- 16 \_\_\_\_\_
- 17 \_\_\_\_\_
- 18 \_\_\_\_\_

Person to Receive Item or Plan for Distribution

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_
- 13 \_\_\_\_\_
- 14 \_\_\_\_\_
- 15 \_\_\_\_\_
- 16 \_\_\_\_\_
- 17 \_\_\_\_\_
- 18 \_\_\_\_\_

If these instructions have not been added as a codicil to my Will, please honor these my final requests.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# CATHOLIC FUNERAL SERVICES CONCERNS

This page is to document my thoughts in the preparation of the funeral services.

## Funeral Services\* (Please circle one or more of the following)

1. I desire to have a funeral Mass and Rite of Committal offered at my grave.
2. I desire a Funeral Liturgy (not a Mass) at funeral home with Rite of Committal offered at my grave.
3. I desire to have a Vigil Prayer Service at the funeral home.

Church name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

## Individuals to involve in the Funeral Services\*

I would like to see the following people involved in my funeral services if possible:

Priest: \_\_\_\_\_

Lector (Two are recommended): \_\_\_\_\_

Offertory Gifts (Optional): \_\_\_\_\_

Fraternal or military organizations: \_\_\_\_\_

Pall Bearers (Optional):

- |         |         |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

## Other Funeral Service Considerations:\*

Songs to include \_\_\_\_\_

Readings to include \_\_\_\_\_

Other \_\_\_\_\_

## Donation to Church/Priest

1. I suggest a donation be made to the Church for my funeral service. Amount \$ \_\_\_\_\_
2. I suggest a stipend be given to the priest assisting with the Mass or services. Amount \$ \_\_\_\_\_

## Memorial Gifts (circle one below)

1. I request that no memorial gift options be offered.
2. In lieu of flowers, I request that memorial gifts be suggested to:

A. Name of Charity: \_\_\_\_\_ B. Name of Charity: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\* You may wish to order the book "Thru Death to Life", a complete guide to Catholic Funerals. (See Page 29)  
While not binding, please make every attempt to honor these, my final requests.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FUNERAL/BURIAL CONCERNS

## Funeral Home (Please circle one of the below.)

1. I have not made preliminary arrangements with a funeral home for my funeral, but please use the funeral home I listed below.
2. I have PRE-PAID and made arrangements with the below funeral home.
3. I have made arrangements with the below funeral home but have made no payments.

Funeral home name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Staff Person: \_\_\_\_\_

## Cemetery (Please circle one of the below.)

1. I have not made preliminary arrangements with a cemetery for my burial, but please use the cemetery below.
2. I have PRE-PAID and made arrangements with the below cemetery.
3. I have made arrangements with the below cemetery but have made no payments.

Cemetery name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Staff Person: \_\_\_\_\_

## Burial/Grave Instructions

Type of Disposition (Check appropriate one(s) for each line)

Ground Burial     Cremation  
 Ground Plot     Mausoleum     Custom Burial Chamber     Other (explain below)

Type of service

Church     Graveside     Funeral Chapel     Other (explain below)

Other: \_\_\_\_\_

To the best of your ability, please offer guidance in the following areas:

Type of Casket: \_\_\_\_\_

Type of Vault: \_\_\_\_\_

Type of Grave Memorial Marker: \_\_\_\_\_

Memorial markers include name, dates of birth and death. Memorial marker special inscription or thoughts may include: emblems/symbols of faith, hobbies or interests.

Please list special inscription ideas here: \_\_\_\_\_

While not binding, please make every attempt to honor these, my final requests.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SURVIVORS' ACTION ITEMS AND CONCERNS

These pages highlight decisions or actions that must be made by survivors after a death. By making these important decisions now, you can minimize the emotional strain that will be placed on your survivors.

**\* Indicates details that can be prepared in this book or elsewhere ahead of time.**

## **A) Secure information required for death certificate or burial permit**

- \*1. Name, home address and telephone No.
- \*2. How long in state
- \*3. Name of business, address and telephone No.
- \*4. Occupation and title
- \*5. Social Security No.
- \*6. War Veteran Serial No.
- \*7. Birth Date
- \*8. Birth Place
- \*9. U.S. Citizen
- \*10. Father's name
- \*11. Father's Date and Place of Birth
- \*12. Mother's maiden name
- \*13. Mother's Date and Place of Birth
- \*14. Religious name (if any)
- \*15. Check Will regarding special wishes
- \*16. Memorial Park Certificate of Ownership

*(This information should be added to the Personal Information, Records, Data page in this workbook on Page 21)*

# SURVIVORS' ACTION ITEMS (CONTINUED)

## B) Items to Decide and Arrange Within a Few Hours

- 1. Review this booklet for instructions
- 2. Contact Church
  - Identify Clergy to assist with funeral services
  - Arrange time for funeral/other religious services
- 3. Contact close family and friends
- 4. Contact Funeral Director after plans are established with Church
- 5. Establish plans with Funeral Director (times, location, etc.)

---

- \*6. Choose casket \_\_\_\_\_
- \*7. Choose vault or crypt \_\_\_\_\_
- 8. Prepare/provide information for newspaper if not listed in this booklet
- 9. Order Death Certificates (8 suggested) with Funeral Director
- \*10. Agree on Charitable Organization(s) for donations to be made if not listed in this booklet
- \*11. Contact Cemetery to plan details for burial
- 12. Confirm or obtain burial location at Cemetery
- \*13. Confirm or choose memorial marker for grave
- 14. Answer sympathetic phone calls and messages
- 15. Greet all friends and family who call
- 16. Make list of callers and flowers received for sending Thank you cards

\* Indicates details that can be prepared in this book or elsewhere ahead of time.

## SURVIVORS' ACTION ITEMS (CONTINUED)

### **C) Notify the following once details for funeral are completed**

- 1. Identify and get hotel information prior to calling out-of-town guests
- 2. All relatives
- 3. All friends
- 4. Employer and co-workers of deceased
- 5. Employers of relatives not going to work
- 6. Religious, fraternal, civic, veterans organizations, unions
- 7. Attorney, accountant, or executor of estate
- 8. Insurance agents (Life & Health & Accident)

### **D) Things to be done during the next 24 hours**

- 1. Identify and contact pall-bearers if not listed in this booklet
- 2. Arrange for flowers from family
- \*3. Provide information for eulogy if not listed in this booklet
- \*4. Help choose music for funeral if not listed in this booklet
- \*5. Choose and drop off clothing for deceased
- 6. Determine transportation for family and guests
- 7. Contact Funeral Director with Car needs

**\* Indicates details that can be prepared in this book or elsewhere ahead of time.**

## SURVIVORS' ACTION ITEMS (CONTINUED)

### **E) Reception/Home Preparation**

- 1. Identify clothing for yourself and children
- 2. Plan food for reception and/or out-of town guests
- 3. Determine need for household items (cups, plates, extra chairs, etc.)
- 4. Prepare child care for younger children if necessary
- 5. Arrange for meeting out of town guests at airport or any other locations

### **F) Collect Documents to establish rights for insurance, pensions, social security, ownership, relationship, etc.**

- \*1. Will
- \*2. Legal proof of age or birth certificate
- \*3. Social Security card or number
- \*4. Marriage license
- \*5. Citizenship papers
- \*6. Insurance policies (life, health, accidental and property)
- \*7. Bank Accounts
- \*8. Deed to property
- \*9. Income tax returns, receipts or canceled checks
- \*10. Veterans discharge certificate
- \*11. Disability claims

\* Indicates details that can be prepared in this book or elsewhere ahead of time.

## SURVIVORS' ACTION ITEMS (CONTINUED)

### **G) Pay some or all of the following**

- \*1. Family burial estate
- \*2. Memorial markers
- \*3. Funeral Director
- \*4. Internment Service
- 5. Clergy
- 6. Florist
- 7. Clothing
- 8. Transportation
- 9. Food
- 10. Doctors
- 11. Nurses
- 12. Hospitals and ambulance
- 13. Medicine and drugs
- 14. Other current and urgent bills (mortgage or rent, taxes, utilities or installment payments)

**\* Indicates details that can be prepared in this book or elsewhere ahead of time.**

# PERSONAL INFORMATION, RECORDS, DATA

Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

(circle one) Living Deceased Divorced

Address \_\_\_\_\_

S.S.# \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Citizen of \_\_\_\_\_ Naturalization# \_\_\_\_\_

Occupation / Title \_\_\_\_\_ Years Employed \_\_\_\_\_

Business \_\_\_\_\_

If veteran, what war? \_\_\_\_\_ War Serial # \_\_\_\_\_  
(if known)

Dates of service \_\_\_\_\_

Service Branch \_\_\_\_\_

Year residence established in this state \_\_\_\_\_

In this community \_\_\_\_\_

Marital Status: Married  Divorced  Widower  Single

Organization \_\_\_\_\_ Office Held: \_\_\_\_\_ Benefits Due: Y N

Affiliations \_\_\_\_\_ Office Held: \_\_\_\_\_ Benefits Due: Y N

\_\_\_\_\_ Office Held: \_\_\_\_\_ Benefits Due: Y N

Mother's Maiden Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Birthplace \_\_\_\_\_

Father's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Birthplace \_\_\_\_\_

**This information is required for the preparation of a death certificate. The funeral director will record this information and help your heirs receive certified copies. They will need eight (8) or more copies.**





# FAMILY INFORMATION

Children (Living / Deceased)

Name

Address

Date of Birth

Date of Passing

Place of Birth

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Man - Brothers / Sisters (Living / Deceased)

Name

Address

Date of Birth

Date of Passing

Place of Birth

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Woman - Brothers / Sisters (Living / Deceased)

Name

Address

Date of Birth

Date of Passing

Place of Birth

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

# LIFE INSURANCE/OTHER BENEFITS

## Life Insurance

Insurance Company \_\_\_\_\_ Amount of Coverage \$ \_\_\_\_\_

Person Insured \_\_\_\_\_ Policy Location \_\_\_\_\_

Insurance Agent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Amount of Coverage \$ \_\_\_\_\_

Person Insured \_\_\_\_\_ Policy Location \_\_\_\_\_

Insurance Agent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Amount of Coverage \$ \_\_\_\_\_

Person Insured \_\_\_\_\_ Policy Location \_\_\_\_\_

Insurance Agent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Credit Cards** - Survivors should investigate whether or not the deceased has life insurance or other coverage through a credit card company if not shown here.

Credit Card Name \_\_\_\_\_ Amount of Coverage \$ \_\_\_\_\_

Credit Card Name \_\_\_\_\_ Amount of Coverage \$ \_\_\_\_\_

**Social Security Death Benefit** - A one time death benefit is paid to a spouse living with the deceased at the time of death. Children may also be eligible for this payment. The Social Security office should be contacted. Information they require includes: a death certificate, the deceased social security card or record of the number, birth certificates for surviving dependent children and evidence of the deceased recent wage earnings (W-2 forms).

**Social Security Payments** - A surviving spouse or children will likely be eligible for Social Security payments. Please contact your local Social Security office for information or to notify them if the deceased was receiving social security benefits.

## Veterans Benefits

**Federal** - You may contact the Veterans Administration for additional information. A veteran of the U.S. Armed Forces with proof of honorable discharge should generally be entitled to:

- 1) Burial Flag, Headstone or grave marker
- 2) Cash paid toward burial expenses (*deceased must have been eligible for a pension or have died at a VA hospital*)
- 3) Cash paid toward burial plot (*deceased must have been eligible for a VA pension*)
- 4) A burial site at a national cemetery for the veteran, their spouse, or dependent children.

**Local** - Many counties have programs that may help with burial expenses. Contact your local government offices to see if you are eligible.

*(You may make notes directly on this or the following page if you learn information about your eligibility for benefits.)*



# OBITUARY INFORMATION

These pages allow you to write down thoughts that could be incorporated into the newspaper or remarks at your funeral. We suggest you include thoughts or remarks concerning your family, your church, your professional accomplishments or other involvements.



# CARE OF FAMILY MEMBERS, FRIENDS OR PETS

Please use this page to provide instructions for the care of older family members, friends or pets that you have helped care for.

# ADDITIONAL RESOURCES



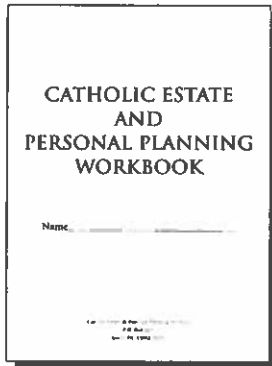
## Through Death to Life

Preparing to Celebrate the Funeral Mass  
 Rev. Joseph M. Champlin  
 Available from [www.AveMariaPress.com](http://www.AveMariaPress.com)

Complete and practical guide for planning the funeral service. Contains the variant prayers and optional texts of the Funeral Mass. A four-page tear-out section is included for use in choosing readings, prayers, and ritual actions. Also contains a helpful explanation of the funeral liturgy and the variations available. This book is another extremely helpful tool to assist you in your Catholic Funeral planning.

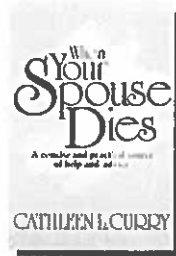
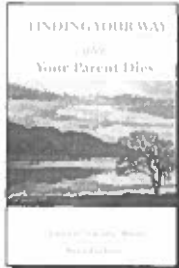
### Reorder Information

(see below)



### Other Resources

Please see the reverse side for descriptions about other books.



Mail to:

Flanders and Wade, P.C., Attorneys and Counselors at Law  
 380 Maple Avenue West, Suite 101, Vienna, VA 22180



### Order Information

<u>Book Title</u>	<u>Price</u>	<u>Quantity</u>	<u>Total</u>
Catholic Estate & Personal Planning Workbook	\$15.00 x	_____ =	_____
Catholic Estate & Personal Planning Workbook (10 or more)	\$10.00 x	_____ =	_____
Processing & Postage (add 10% or \$2.50 minimum)			_____
<b>Total</b>			_____

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Please print clearly or affix a return address label) City: \_\_\_\_\_

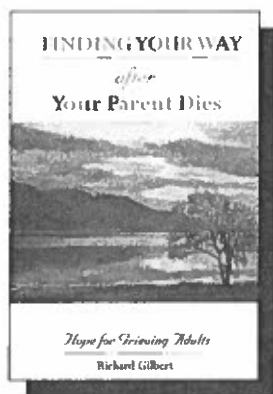
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please make checks payable to: Flanders and Wade, P.C.

Do not detach this area – it will hold together this workbook



## ADDITIONAL RESOURCES



### **Finding Your Way After Your Parent Dies**

Richard B Gilbert

ISBN 0877936943

Available from [www.AveMariaPress.com](http://www.AveMariaPress.com)

800-282-9865 Ext. 1

Here is a compassionate guide for those struggling with the loss of a parent. Bringing many years of experience in bereavement counseling, Gilbert sketches out some of the issues that arise in the wake of a parent's death and offers practical suggestions for navigating these difficulties. Finding Your Way After Your Parent Dies is a resource that will be appreciated by those who have lost a parent and by those ministering to them.

### **When Your Spouse Dies**

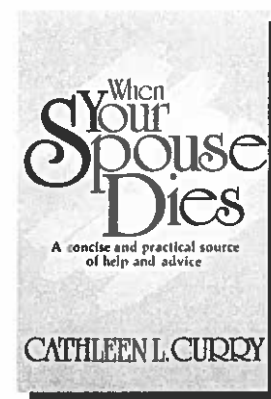
Cathleen Curry

ISBN 0877934169

Available from [www.AveMariaPress.com](http://www.AveMariaPress.com)

800-282-9865 Ext. 1

Writing directly and sensitively about her own journey as a widow, Curry helps others deal with theirs. She establishes eight practical guideposts for getting through the first year and deals with a variety of topics including the stages of grief for adults and children, the expressions of mourning, loneliness and sexuality, networks of support people, financial priorities and planning, good health practices, and the importance of spiritual growth to the healing process.



### **In Memoriam**

Henri Nouwen

ISBN 0877931976

Available from [www.AveMariaPress.com](http://www.AveMariaPress.com)

800-282-9865 Ext. 1

Henri Nouwen shares his intensely personal feelings at the time of his mother's death ... a moving account that deepens into a story of a life of faith in which we see the profound relationship between death and faith. In Memoriam is a book that offers a strength and comfort to the bereaved, and significant pastoral value to all who minister to the dying their loved ones.



### **May I Walk You Home?**

*Courage and Comfort for Caregivers of the Very Ill*

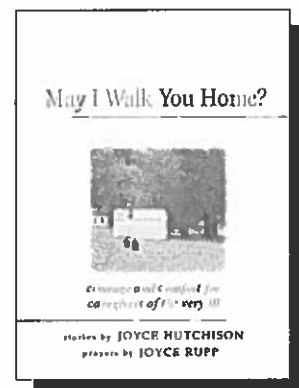
Joyce Hutchison and Joyce Rupp

ISBN 0877936706

Available from [www.AveMariaPress.com](http://www.AveMariaPress.com)

800-282-9865 Ext. 1

Walking a companion home is an old-fashioned custom, often lost in our modern era. But there was a time when walking someone home was a way of offering protection and guidance. Joyce Hutchison and Joyce Rupp capture the spirit of that personal companionship for those who accompany the dying on their final journey. Whether family members, friends, chaplains, or health care workers, caregivers will find here much inspiration and support for their ministry.





# A MESSAGE FOR YOUR PASTOR

Dear Father \_\_\_\_\_:

Church name: \_\_\_\_\_

This page is to document my thoughts in the preparation of funeral services. I have used the Catholic Estate and Personal Planning Workbook, and it is located with my personal records. While not binding, please make every attempt to honor these, my final requests.

## Funeral Services\* (Circle those that apply below)

1. I desire to have a funeral Mass and Rite of Committal offered at my grave.
2. I desire a funeral liturgy (not a Mass) with Rite of Committal offered at my grave.
3. I desire to have a Vigil Prayer Service at the funeral home.

## I would like these items considered for my funeral service.

Lector (Two are recommended): \_\_\_\_\_

Offertory Gifts (Optional): \_\_\_\_\_

Fraternal or military organizations: \_\_\_\_\_

Pall Bearers (Optional):

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Songs to include \_\_\_\_\_

Readings to include \_\_\_\_\_

Other \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

## My Final Act of Stewardship

I also have made plans or will soon be making arrangements to make the following gift(s) from my estate. This may be done through my will or a codicil.

Parish Name: \_\_\_\_\_  
(specific gift amount or percentage of estate)

Diocese Name: \_\_\_\_\_  
(specific gift amount or percentage of estate)

Please include me/us in the appropriate Memorial Recognition programs. I/We understand a dollar amount or percentage will not be listed in any recognition efforts. Please list our gift when it is received as follows:

Individual or Family Name: \_\_\_\_\_

Please Return To Your Pastor







